Dear reader,

Having been the Group Editor of DTI, I am in regular contact with dental publishers around the world and, occasionally, I am honoured to welcome new faces to our group. This year, for example, I am particularly looking forward to our new collaboration in India. Jaypee Brothers (JP), who joined the DTI network in March, is not only one of the biggest medical and dental publishers on the subcontinent, but also the perfect addition to our group. JP represents a country with a large population and the biggest output of dentists worldwide. I am sure that Dental Tribune Asia Pacific (DTAP) will benefit from their expertise and knowledge in the future.

On this occasion, you will find this year's first special—Rye on India—within DTAP. Inside you will find a number of exclusive features and interviews with experts that we hope will interest you. Amongst others, we spoke with Prof. Raman Bedi, who was born in India and held the position of Chief Dental Officer in the UK from 2002 to 2005. Our interview with the German consultants Dr Johannes Wamser and Mike Batra about the current market conditions in India revealed that the Indian dental market is indeed very attractive for foreign manufacturers of medical and dental equipment.

Unfortunately, another disturbing issue is still with us. Although the media frenzy about the swine flu outbreak has died down, the world is still far from having overcome the crisis. Over the last two months, the virus has found its way from North America through Europe to Asia. There, the World Health Organization has warned, it could combine with avian flu and mutate into a more virulent form, sparking an influenza pandemic that could be expected to circle the globe up to three times. Infection control has never been more important!

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Aesthetics and the brain

The age-old question as to what constitutes beauty has been subjected to yet another wrinkle. Research has been presented showing that left-sided brain people perceive beauty differently than right-sided ones. Beauty is and has been perceived through the ages through individual eyes. Perhaps different cultures encourage different zones of desire and contentment; also, people of different ages may have different views. Whatever the cause or conditioning, our vision encourages that beautiful zone. Is it due to our youth's environment, perhaps where our mother's left side of the brain influenced our concepts early, relating to beauty?

When I was presenting cosmetic periodontal techniques in Sicily, Italy, at a congress dedicated to aesthetics in dentistry, Dr DeLucca, an exquisite prosthetist with exceptional aesthetic prosthetic results, brought up factors and questions regarding the effects of aesthetics from the right and left sides of the brain as well as the male/female dominance in their respective spheres.

In general, the right side is usually related to males. The left side of the brain is, in general, attributed to the female gender. Its characteristics are said to be non-verbal, intentional, emotional, excellence in spatial relationships, and good colour perception.

In the past 20 plus years of dentistry, aesthetics has changed the face of the profession. This is not meant to be a pan but an actual fact. At about the same time that cosmetic improvement was encouraged by our profession, the profile of the dental school population started to change. The number of female dental students became more predominant than ever before in the United States. Was this the left side of the brain making its mark?

The initiating pioneers in the dental aesthetic field, Drs Irwin Smigel and Ron Goldstein, forged awareness to the public as well as dentists, and encouraged the patient to request looking better overall. In turn, they encouraged the dentist to provide the services that stimulated dental companies to research and provide better aesthetically appearing, yet formidable, restorative materials. Did it take these pioneers the use of the right side of their brain to forge this field of aesthetics?

In other countries throughout the world, the number of female dental school graduates has been higher than males for years. In addition, 85 per cent is the common percentage of female dentists practicing in many such countries. In the US, that number hovers at about 50 per cent.

Does the right side of the brain dominate our field with the necessary precision that is demanded? Have the materials in dentistry today improved so much that there is compensation in techniques to allow the left side of the brain's activity to transcend and emit an aesthetic sensitivity for the patient's appearance? Can the individual dentist utilise the left and right side of his or her brain as noted in today's terminology by the expression 'crossover'?

Will the economic turmoil of today affect the demand by patients for cosmetic dentistry beyond the necessary health requirements? Know that for me to find the answer regarding the male/female, left and right brain relationships, I should unlimily have to ask my wife.

Procedures against the Influenza A H1N1 Virus

Evidently, there are still new cases of Influenza A caused by the H1N1 Virus. Throughout the world, the strategic response to the virus has been to slow and limit its spread. Basic measures for prevention and control of infection are the most effective means of achieving this.

The recommended procedures for general dental care and spread of respiratory infections include frequently washing the hands, covering the mouth with tissue when coughing or sneezing, avoiding physical contact with patients, using surgical masks and, if necessary, isolating infected patients.

Successful infection control is based on our execution of procedures and exercise of caution.

For our own safety, as well as our patients’ health, all health workers should regard the following as potentially infectious body fluids (with or without visible blood), mucous membranes, and non-intact skin—these are standard precautions.

Additionally, during the flu season or an influenza outbreak such as the recent one, dental professionals with viral respiratory diseases should suspend all clinical activities until they are healthy.

In order to avoid the exposure of the dentist to flu, it is recommended that patients with symptoms of a respiratory infection of viral origin continue their dental treatment when they are free of symptoms.

Resources for dental professionals on the Influenza A (H1N1) virus are available from the Organization for Safety and Aspersa Procedures at: www.osap.org/display_common.cfm?an=1&subtopic=1216.

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