Dear reader,

During a Greater New York Dental Meeting a couple of years ago, I had the rare opportunity to speak to one of the first dentists in the USA and worldwide to have introduced rapid oral HIV tests to a dental prac-
tice. I can vividly remember her enthusiasm concerning the new tech-
nology in my interview with her. Since then, few of her colleagues followed her example unfortu-
nately. It is thus encouraging to see that Australia—the first country in our region to do so—is now eval-
uating the feasibility of implementing these tests in dental practices na-
tionwide. However, even if these tests do gain acceptance by the dental community, this measure is only a drop in the ocean. Particu-
larly in the Asia Pacific region, mill-
lions of new HIV infections are ex-
pected to occur in the years to come especially in the Asia Pacific region, mil-
lions of new HIV infections are ex-
pected to occur in the years to come owing to sex trafficking and other reasons. It will require more and con-
tinuous efforts by the medical and dental communities to slow the spread of the virus.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

Cosmetic dentists around the world routinely perform various diagnostic and therapeutic pro-
cedures that involve occlusion. Smile aesthetics and occlusion has been, and is still to some extent, controversial, as there are nu-
merous questions related to smile aesthetics and occlusion that have not been answered with scientific certainty and there are many diverse and polarised opinions regarding this.

In their undergraduate educa-
tion, dental students are not fully trained in the science and art of smile aesthetics and occlusion. When these new graduates enter into clinical practice and begin undertaking complex clinical cases, many become confused with the numerous theoretical recom-
memorations and varied concepts about cosmetic dentistry and oc-
clusion in academic and clinical dentistry. In order to understand the core relationship between smile aesthetics and occlusion, a clini-
cian must be familiar with the pros and cons of all the popular concepts and theories regarding smile aesthetics and occlusion, and based on this select the most conservative treatment that is best suited to the patient and that will ensure health and function. With this in mind, two global educational acade-
wms, namely Minimally Invasive Cosmetic Dentistry, or MiCD, and Teeth, Muscles, Joints and Airway Harmony, or TMJA, have been es-
ablished with the aim of promoting health, comprehensive dentistry by disseminating the relevant knowledge and information re-
garding various concepts, theories and clinical protocols concerning smile aesthetics and occlusion.

I am pleased to mention here that recently the Faculty of Dentistry of Thammasat University in Thai-
land and the Vedic Institute of Smile Aesthetics in Nepal, along with three supporting partners, signed a memorandum of understanding to establish the MiCD and TMJA Harmony International Training and Treatment Center at the Faculty of Dentistry of Thammasat Univer-
sity. This centre will coordinate with various like-minded clinicians, acade-
wms and researchers working in the field of cosmetic dentistry and offer structured, skill-based train-
ning in MiCD and TMJA harmony dentistry especially for dentists in the Asia Pacific region.

Dear Dr Sushil Koirala, I would like to congratulate you for your enthusiasm concerning the new tech-
nology in my interview with you. I strongly believe that it is necessary to establish academic and clinical protocols concerning smile aesthetics and occlusion.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

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