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Volume 2 Issue #1

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Dental Health

Now Everyone Can Smile

SMILE
For The
Camera

Gum Disease
and **Diabetes**
Is there a connection?

The No.1
Parafunctional
Habit
That You Might Have

Poor
Oral Health
And Your Brain

cover
story

Nishakumar
Miss Malaysia
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“

Beauty is not
in the faces,
beauty is a light
in the heart

Kahlil Gibran

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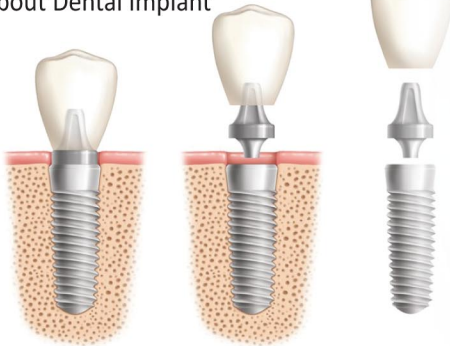


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Miss Malaysia Pancontinental 2015/ 2016



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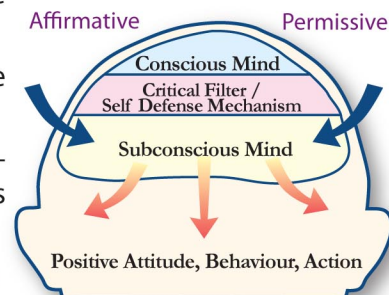
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THE EDITOR'S LETTER

Welcome To The 3rd Issue Of Dental Health

This Is A Lifestyle Magazine

WE ARE GLAD TO SAY THAT OUR FIRST TWO ISSUES HAVE BEEN WELL RECEIVED BOTH BY OUR FELLOW DENTISTS AND THE PUBLIC AT LARGE.

WE ARE INDEED HONOURED THAT NONE OTHER THAN THE HONOURABLE DEPUTY MINISTER OF HEALTH, DATO' SERI DR. HILMI BIN HAJI YAHAYA HAS KINDLY CONSENTED TO GIVE US A MESSAGE FOR OUR THIRD ISSUE.

DENTAL HEALTH IS ABOUT BEAUTY, NOT JUST ABOUT THE HEALTH OF YOUR TEETH AND MOUTH.

A SMILE IS WORTH A THOUSAND WORDS.

EVERY YOUNG LADY WHO ASPIRES TO BE A BEAUTY QUEEN, KNOWS VERY WELL THAT ONE OF THE FIRST THINGS SHE HAS TO DO IS TO MAKE A VISIT TO THE

DENTIST, BEFORE SHE EVER VENTURES ON STAGE.

OUR THIRD ISSUE DEPICTS THIS VERY CLEARLY IN THE COVER STORY OF A YOUNG AND PRETTY ACTRESS WHO IS MAKING HER MARK ON THE STAGE OF LIFE.

WE HAVE GREAT PLANS GOING FORWARD AS WE INTEND TO MAKE THE DENTAL HEALTH MAGAZINE AVAILABLE TO THE READERS IN THE ASEAN REGION.

OUR FIRST TWO ISSUES WERE BEING DISTRIBUTED TO BRUNEI AND SINGAPORE.

WE ARE WORKING WITH LIKE MINDED PEOPLE IN COMING OUT WITH A SINGAPORE EDITION SOON.



**MESSAGE BY THE HONOURABLE
DEPUTY MINISTER OF HEALTH, MALAYSIA**

The English author, Samuel Johnson once said that *"Knowledge is of two kinds. We know a subject ourselves, or we know where we can find information on it"*.

I was indeed pleasantly surprised to see the First ever DENTAL HEALTH magazine published in Malaysia specifically for the consumer market. I am informed that this is also possibly the first dedicated Dental Health magazine in the Asean region including even Singapore.

I know that there are several magazines in the market dealing with several general Health issues; but none dedicated to purely Oral and Dental Health issues.

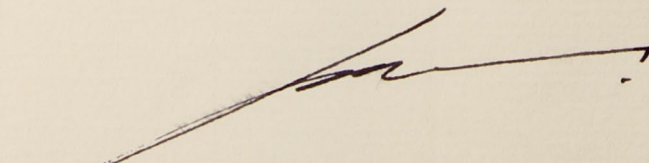
One of the important goals of the Government of Malaysia and the Ministry of Health in particular is to raise the health standards of the people of Malaysia.

The Ministry of Health firmly believes in the concept of Total Health and publications like this will go a long way in educating the public on the importance of good Dental Health.

I welcome and applaud this magazine DENTAL HEALTH [ORAL HEALTH] and I am told the publishers are looking at extending this magazine to cover ASEAN countries in the years to come.

I wish them all the best in their quest to put a smile on the faces of Malaysians.

'NOW EVERYONE CAN SMILE'



(DATO' SERI DR. HILMI BIN HAJI YAHAYA)

DentalHealth

Now Everyone Can Smile

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For Enquiries

More than often we encounter people, our family members and even the person in the mirror having black spots in between our teeth. We are too shy to smile for the camera and always take a selfie with our lips close without showing our teeth.

This was the case for our patient, she could not give us her full Julia Robert's smile because of her teeth being even and having dark spots. People have the perception of pulling out all their teeth and just resort to wearing dentures.

Well, as a dental practitioner and with modern technology, visiting the dentist is no longer someone's nightmare. When we have dark spots in between our teeth it means that tooth decay is forming which is triggered by inefficient brushing and cleaning and poor oral hygiene.



SMILE FOR THE CAMERA!!

*by Dr Stephanie Chong Mei Har, Dr Kong Sheng Earn
and Dato Dr How Kim Chuan*



*As a dental
practitioner
and with modern
technology, visiting
the dentist is no
longer someone's
nightmare.*

Our patient was subjected to decay was purely because she could not clean and remove food in between her overlapping teeth.



During your first visit to the orthodontist, clinic records that taken are essential to achieve a proper diagnosis and treatment plan tailored to each patient's needs.

Multiple radiographs and clinic photographs are taken for a detailed discussion of his or her treatment plan.



Giving her a full face smile is our primary objective. Her crowded teeth was due to her jaw size versus teeth size discrepancy, which means her teeth are too many and too large for her jaw size. Hence the treatment plan was to extract 2 teeth from the upper and 2 teeth from the lower jaw. Restorative treatment – fillings also was done for her upper front decayed teeth.



6 months into treatment with extractions of all 4 premolars and fillings.

Giving her a full face smile is our primary objective. Her crowded teeth was due to her jaw size versus teeth size discrepancy, which means her teeth are too many and too large for her jaw size. Hence the treatment plan was to extract 2 teeth from the upper and 2 teeth from the lower jaw. Restorative treatment – fillings also was done for her upper front decayed teeth.

After 14 months with braces, all the extraction spaces have closed and we proceed to the finishing stage where minor adjustments were done to perfect her smile.



After 2 years of orthodontic treatment, she is ready to remove her braces.



Painless gum reshaping procedure (Laser Gingivoplasty) was done to enhance the aesthetic component for our patient. Before laser, the gums of the patient superimposed the appearance of the teeth showing different length of the teeth. After laser, it allows the teeth to appear symmetrical.



Before Laser Gingivoplasty

After Laser Ginivoplasty

***Seeing is believing!' and
'A Picture says a thousand words'***

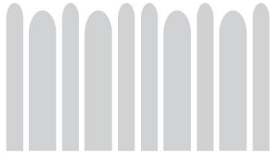


She is smiling more brilliantly and confidently now. Our patient has no problems with oral hygiene as well, as it is so much easier to brush her aligned teeth.

Visit your dentist today to help us help you!



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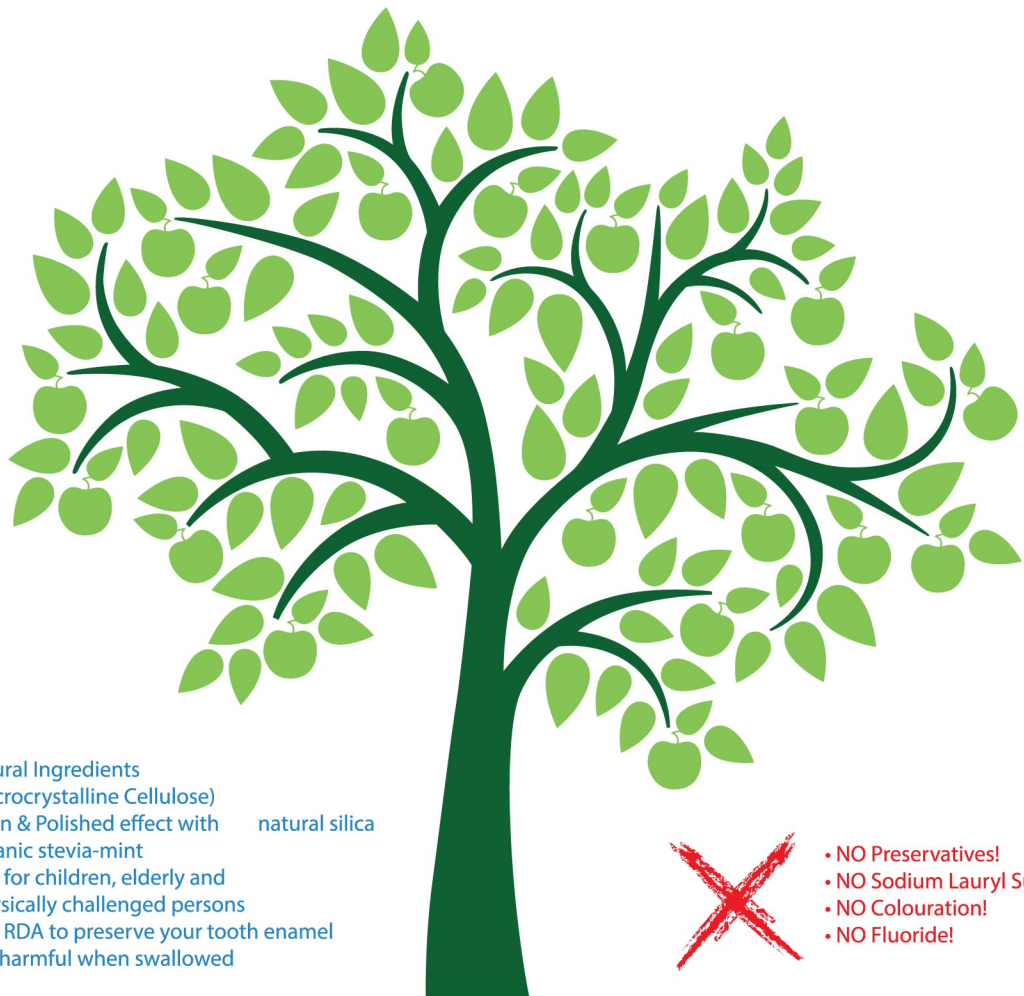
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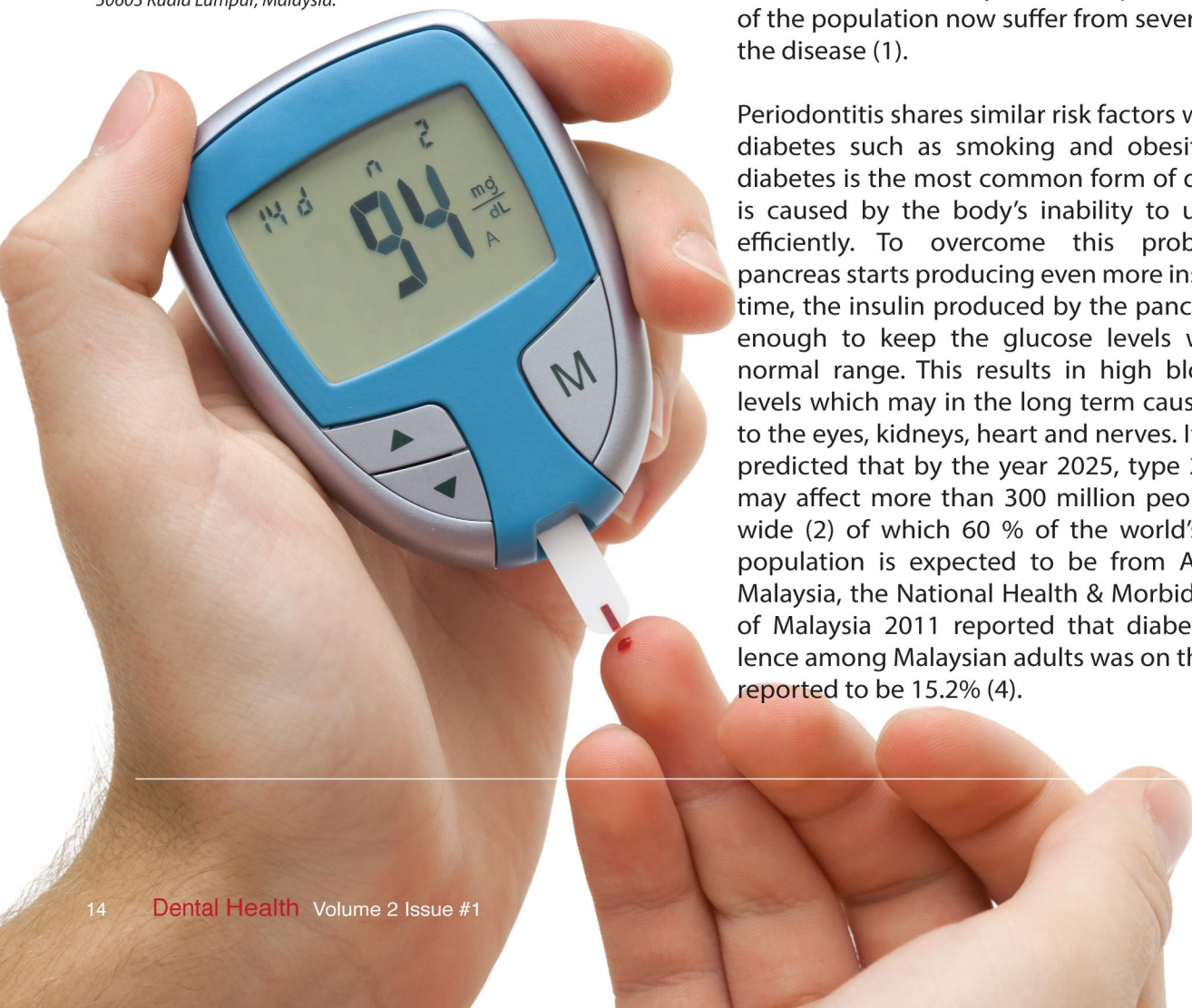


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GUM DISEASE AND DIABETES

Is there a connection?

by Assoc Prof Dr Rathna Devi Vaithilingam.
Consultant Periodontist
Department of Restorative Dentistry, University of Malaya,
50603 Kuala Lumpur, Malaysia.



Periodontitis or more commonly known as gum disease is a chronic disease caused by the dental plaque that forms around the tooth surface next to the gums. If the dental plaque is left on the tooth surface without being efficiently removed, it causes irritation or inflammation of the gums which will result in an irreversible loss of the soft tissue and bone supporting the tooth. This ultimately leads to tooth loss. Signs of gum disease will be red, bleeding and swollen gums, bad breath, teeth that have become loose and increasing spaces between your teeth.

In Malaysia, the prevalence of periodontitis appears to be on the rise as reported in the National Oral Health surveys conducted in the country whereby in 1990 only 6% of the population suffered from severe periodontal disease while the latest survey in 2010 reports that 18.2% of the population now suffer from severe forms of the disease (1).

Periodontitis shares similar risk factors with type 2 diabetes such as smoking and obesity. Type 2 diabetes is the most common form of diabetes. It is caused by the body's inability to use insulin efficiently. To overcome this problem, the pancreas starts producing even more insulin. Over time, the insulin produced by the pancreas is not enough to keep the glucose levels within the normal range. This results in high blood sugar levels which may in the long term cause damage to the eyes, kidneys, heart and nerves. It has been predicted that by the year 2025, type 2 diabetes may affect more than 300 million people worldwide (2) of which 60 % of the world's diabetes population is expected to be from Asia (3). In Malaysia, the National Health & Morbidity Survey of Malaysia 2011 reported that diabetes prevalence among Malaysian adults was on the rise and reported to be 15.2% (4).

R D! S K A B E T E S

The finding from various studies have reported strong evidence to support the significant adverse effects of periodontitis on blood sugar control of diabetics, diabetes complications, and development of type 2 diabetes (5). Individuals with poor gum health and type 2 diabetes are more likely to develop poorer control of blood sugar levels and diabetes related complications as compared to people with healthy gums. It has also been reported that individuals with poor gum health and no diabetes have a greater risk of developing diabetes (5).



Effect of gum treatment on glycaemic control

Both diabetes and periodontitis are silent diseases. They are generally only detected early if you go regularly to the medical practitioner or your dentist for your check-ups. The positive benefits of gum therapy on the blood sugar control of diabetes subjects has been reported. Studies have reported that subjects with type 2 diabetes and periodontitis who have received gum treatment have been able to reduce their glycated hemoglobin (HbA1C) blood sugar levels (this test is frequently done on diabetics to show what their blood sugar levels are over a period of a few months) on average by 0.4% more than in control subjects who did not receive any treatment (6). This 0.4% reduction in HbA1c has a clinical impact equivalent to adding a second drug to a pharmacological regime for diabetes (7).

Importance of gum care in diabetes

The 2013 consensus report of the Joint EFP/AAP Workshop on Periodontitis and Systemic Diseases have come up with guidelines for periodontal care in diabetic patients (7). It has been recommended that if your doctor has confirmed that you have diabetes, you should proceed to making an appointment with your dentist to have your teeth and gums checked on a regular basis. This will allow gum disease to be detected during its early stage and appropriate management given to the patient. Your dentist will also demonstrate on proper methods for cleaning of the teeth and gums efficiently. However if the gum disease is left undetected or untreated, the disease may progress and make it more difficult for you to control your diabetes.

Diabetes patients should work closely together with their dentists for the early detection and management of gum disease. This is especially important due to the high prevalence of gum disease and type 2 diabetes in the Malaysian population. This holistic management of both gum disease and diabetes will ultimately have a positive impact on reducing the public health concerns of diabetes-related morbidity and mortality.

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**RIGHT NOW SHE
IS PURSUING AN
ACTIVE ACTING CAREER
IN SINGAPORE AND IS
BUSY WITH A TV SERIES
IN SINGAPORE**

Nishakumar

Miss Malaysia

Pancontinental 2015/16

This vivacious young lady is a professional model cum actress. We are indeed pleased that she accepted our offer to be the cover girl for our third issue.

She loves modelling and she certainly does have the looks to prove it. She is an exceptionally pleasant and easy going person and we found it a great pleasure to work with this young lass.





She informs us she started her modelling career about 6 years ago at 20 years of age. She has appeared on several well known magazines to date such as : Seventeen Malaysia, CLEO, Female and recently Marie Claire.

She has even appeared on a number of TV adverts and her face has even come up on the Tourism Malaysia billboard.

She has to date taken part in several beauty pageants. She won the Miss Malaysia Indian Global in the year 2013. She was also crowned Miss Melaka in the same year. She was further crowned Miss Earth Malaysia in the year 2014.

She tells me that her most notable achievement was being a finalist in the Miss Universe Malaysia 2015 and later on representing Malaysia as the reigning Miss Malaysia pancontinental in the world finals.

Right now she is pursuing an active acting career in Singapore and is busy with a tv series in Singapore. We are sure that this determined young lady will be a big success in the years ahead.

This lovely young lady who started life as a physiotherapy graduate had to convince her parents to let her go into the competitive modelling world.

She won the Miss Malaysia Indian Global in the year 2013. She was also crowned Miss Melaka in the same year. She was further crowned Miss Earth Malaysia in the year 2014.

I found her to be a very pleasant and easy going person. She has very distinctive looks and beautiful eyes besides a set of beautiful teeth and a pleasing pleasant smile to go with.





This petite young lady who is the eldest of three siblings is also an accomplished odissi dancer and violinist.

Standing at a height of 5' 2" this young lady has come through many challenges in her life. But as they say all good things come in small packages.



I am convinced that her poise and determination will carry her further to greater heights.

The team from dental health would like to thank Nisha Kumar for giving us the opportunity to meet up and work with her and we wish her all the very best in all her future undertakings.

Flash the smile that you have, you are a winner for sure!



9 Most Common Questions about Dental Implants

By Dr. Lee Soon Boon
dentistnearby.com

Dental implants are used to replace missing teeth since mid 1950's. It has gained increasing popularity in recent time due to its highly successful result and predictability.

It can be used to support crown as single missing tooth replacement, dental bridge that restore a larger span of missing teeth, or even to support loose denture. Dental implant is made of titanium metal, which is known to be compatible with our human body tissues and able to bond with adjacent bone during healing. Currently, there is large amount of evidence from clinical studies and scientific researches to demonstrate that dental implant is a safe and convenient way to replace missing teeth with natural-looking smile appearance.

1 Why choose dental implant?

Dental implant has many important advantages over conventional crown, bridge and denture:

- Dental Implant appears and feels like natural tooth.
- Dental Implant can chew in the same way as natural teeth with no difficulties with eating.
- Your healthy adjacent natural teeth do not have to be filed down to act as supports for the missing tooth or teeth. This means that they are therefore less likely to be weakened, painful and consequently need root canal treatment.
- Dental implant when integrated maintains the structure of the jawbone beneath the replaced tooth, as chewing forces are transmitted through the dental implant to the bone, stimulating the natural process of jawbone renewal. This helps preserve a good appearance, both of the restored teeth and of the face.
- Dental implant can be used to secure loose removable denture for better function.
- When dental implant is placed, there is no need to use denture adhesives or glues to hold the false teeth in place, as there is with some dentures.

2 Is the material used to make dental implant safe?

A dental implant is essentially a titanium metal screw, normally between 8 to 16 mm long, which is inserted into a prepared bony socket in the jaw. It will act as a replacement root for the missing tooth. A specially made titanium metal attachment called the abutment will be attached onto the implant, which forms the external connection for the new replacement tooth (crown) or teeth (bridge or denture).



During healing, the titanium surface of the implant fuses with the surrounding bone, in a process known as osseointegration, which can take about 3 - 6 months.

After this time, the implant is sufficiently strong to support one or more false teeth.

3 Who can have an implant?

Dental implant is safe and suitable for almost anyone who has lost one or more teeth and would like to restore their appearance or chewing function. However, dental implant is not used in patients younger than 18 years of age due to their ongoing growth and bone maturation process.

To be a candidate for dental implant treatment, your mouth must be in a healthy condition, with no untreated tooth decay or active periodontal (gum) disease. If implants are fitted in the presence of active gum disease, there is high risk that an infection will develop around the dental implant that can lead to its failure and loss. Your implant dentist will need to improve your plaque control ability before treatment can be offered, because the long-term success of dental implant depends on good oral hygiene. After treatment is completed, you must attend regular follow-up and cleaning session every 4-6 months with your implant dentist; so that your oral hygiene can be maintained at healthy level to prevent any complications and to preserve the longevity of the implant.

If you meet all the criteria for implants above, your implant dentist will be confident to discuss the various treatment options that are available, which will take into account some of your personal factors such as your general health, the number and position of missing teeth, and the quantity and quality of your bone tissue.



Patient wearing a removable denture (b) Completed implant fixed ceramic bridge with better esthetic

4 When is dental implant treatment not possible?

It may not be possible to place implant if the jaw bone is not sufficiently thick to fit the dental implant and bone grafting is not possible. Also, implants are not suitable for patients with untreated gum disease or uncontrolled diabetes, because of the risk of failure through infection or poor healing.



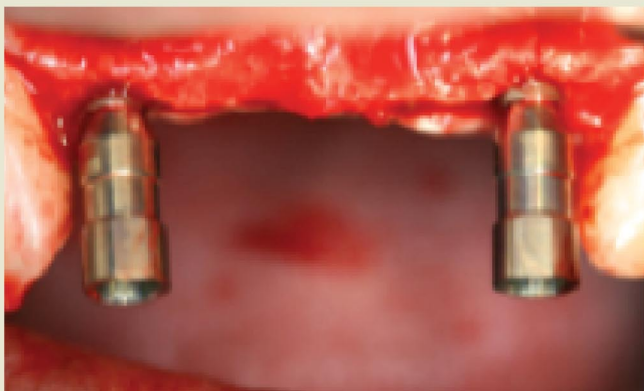
Dental implant is safe and suitable for almost anyone who has lost one or more teeth and would like to restore their appearance or chewing function. However, dental implant is not used in patients younger than 18 years of age due to their ongoing growth and bone maturation process.

There are other medical conditions that may contraindicate the use of implants include blood clotting disorders; certain bone diseases, deficiencies in the immune system, severe systemic illnesses and drug abuse. Although smoking is not contra-indicated for implant, however smokers must be forewarned of lower implantation success rate because smokers heal less efficiently than non-smokers and are more likely to experience loosening of their implants. Quitting smoking will significantly improve your chances of successful dental implant treatment.

5 What does implant treatment involve?

- **Clinical Examination** Your dentist will conduct a thorough examination of your mouth and will take x-ray of your jaws to assess the shape and condition of your bone tissue and identify the locations of any important structures, such as nerves and sinuses, which may be close to the intended implantation site. This will allow the implant dentist to plan exactly how the implants will be placed. In a more complex situation, a computed tomography (CT) scan may be used to provide three-dimensional images, but this is a more costly procedure and exposes you to more radiation than standard radiographs. Thus, it will be only recommended when necessary.

- **Placement of the dental implant** Implant surgery can be carried out using either a one-stage or two-stage procedure, on your particular clinical circumstances. In either case, the surgery involves making a small incision in the gum to expose the bone and using a special drill to shape the implant site.



Dental implants been inserted painlessly under local anesthesia and after 3 months of healing process.

In the *one-stage procedure*, the implant is fitted into the prepared bone and then an attachment called a healing cap, which protrudes through the gum, is placed over it. This healing cap is removed after a 3-6 month period and replaced with a permanent attachment called the abutment, which takes the form of a post and core. The replacement tooth, or crown, is cemented in place over the abutment. In the *two-stage procedure*, a cover screw is placed flush over the top of the implant and the gum is sewn up over it for the period of healing. A second procedure is needed to uncover the implant via a small incision in the gum and attach the healing cap. Then, after the gums have healed, the healing cap is removed and replaced by the abutment, in readiness for the new crown.

Your implant dentist will use his/her clinical judgment and experience to select the appropriate procedure for your implant therapy.

- **Dental implant impression** When your dental implant has fully healed (usually after healing period of 3 months), your dentist will take a new mould of your implant. This will be used to make a model of your teeth on which the dental technician will fabricate your implant crown or bridge, trying to achieve a natural finish that mimic the rest of your natural dentition.

- **Installation of crowns or bridges** When your new crowns and bridges have been fabricated, your implant dentist will cement or screw them on to the abutments over the dental implants, assess the appearance and fitting, and check that your upper and lower teeth work together comfortably when you bite. You will usually



need to return for several clinical review sessions to make sure that the implants are stable and functioning appropriately, and that you are completely comfortable and pain free with the new implant prosthesis.

6 What is bone grafting and bone regeneration?

Bone grafts

Bone grafting procedure is performed to increase the width and height of the jawbone at the implant site. The best success can be achieved when bone from another part of your own mouth or body is used and this is known as *autogenous* grafting. Typically, bone is harvested from inside the mouth, as it is a good source of marrow which contains many bone cells. Allograft is a graft that use donated human bone taken from a 'bone bank' and work in the same way as autogenous grafts but with lesser success rate. Xenograft is a procedure that use bone from an animal donor, with cows acting as the main source (bovine bone). The bovine bone in the

graft is replaced by your own bone tissue over time. Alloplast is grafting that use synthetic bone substitutes that are chemically similar to human bone. These grafts act as a sort of framework for new natural bone formation and may be replaced by natural bone (resorbable alloplast) or retained (non-resorbable alloplast).

An autogenous graft is the preferred choice because there is absolutely no risk of your body rejecting it. After the procedure, you will need to allow appropriate healing for at least 3-6 months before having implants placed. The exact waiting time will depend how much bone has been grafted.

Bone regeneration using barrier membranes (guided tissue regeneration)

This is a special surgical method to enable bone cells an advantage over other types of cell to multiply and cover an area where bone loss has happened. Frequently, cells from the gum surface and the connective tissues multiply much faster at filling the gaps created by bone destruction compared with the bone cells and so bone may not have an opportunity to regenerate even when inflammation has been eliminated. In this procedure, the barrier membrane covers the area of bone loss and prevents access to it for the other cell types, giving the bone cells a better opportunity to fill in the defect. The barrier membrane may disintegrate and disappear over time (resorbable) or may need to be removed in a later procedure (non-resorbable).



The natural looking implant teeth

7 How to make dental implant crown/bridge last?

Dental implants have been used successfully for many decades and we know that, with proper maintenance, they will function for many years. In many dental implant researches, 95% of implants last for more than 5

-10 years, but most are likely to have a much longer lifespan. To increase the longevity of your implant, you are strongly advised to avoid smoking and to continue with a very thorough oral hygiene program at home as well as to attend regular recall visits at your dentist for careful cleaning of your implant, teeth and gums. This will allow you to have your implant and teeth be professionally attended to and enable any problems to be dealt with immediately before they jeopardize the stability of your dental implant prosthesis.

With tip top personal oral hygiene, regular recall dental visits and avoidance of smoking, your dental implant has every chance of lasting for many years.

8 What can cause dental implant to fail?

Assuming there have been no complications with the healing process after dental implant insertion, the most likely cause of failure is inadequate personal oral hygiene care. If teeth are improperly clean, bacteria will build up on the implant surface and cause inflammation of the gum surrounding the implant – mucositis. If left untreated, this can worsen to a more serious stage called peri-implantitis, in which there is inflammation and bone loss around the dental implant. Eventually, the implant will lose its anchorage in the bone and becomes loose.

9 Are mucositis and peri-implantitis detectable and treatable?

It is not easy for you to detect when mucositis or peri-implantitis is present. Often, the only warning sign is an increased tendency for the gums to bleed during brushing and interdental cleaning. Some bleeding is expected during the healing phase after implant placement, but when bleeding occurs for prolonged period after implant restoration, it is a danger sign of underlying inflammation. Other noticeable changes are gum swellings, bad breath or a bad taste, oozing pus and loosening of the implant, bridge or dentures.

Regular recall appointments with your dentist will help ensure that any adverse changes are detected early so that peri-implantitis can be avoided. It is vital that you contact your implant dentist as soon as possible if you notice any signs of inflammation around your implant in between your scheduled dental visits.

The earlier the detection and treatment of mucositis and peri-implantitis, the better are the chances of prolonging the lifespan of your dental implant restoration





PARAFUNCTIONAL HABIT

Do you grind your teeth? Or know somebody who does?

I know a person who grinds his teeth during sleep. With grinding sounds loud enough to be heard over the next room! That person is me.

The habitual act of teeth clenching and grinding is called bruxism. It is now one of the most vexing issues in dentistry today due to its implications.

There are 2 types: awake bruxism, and sleep bruxism. One happens consciously or semi-voluntarily while you are awake. While the other occurs subconsciously during sleep.

Many people are unaware of this condition, but it is a common problem, with a prevalence range from 8-31% of the general population. Those who brux are known as "bruxists" or "bruxers".

Several symptoms are commonly associated with bruxism, including hypersensitive teeth, jaw ache, and in some cases, headache. A quick check: do you sometimes wake up having these symptoms?

***Why do people grind their teeth then? Glad you asked.
There are 4 factors contributing to this condition.***

1) Genetic

Since there is a high percentage of people with sleep bruxism who have a direct family member also having sleep bruxism during childhood, there are suggestions of genetic factors at play. However, no genetic markers have yet been identified at the moment. Do any of your family members have the habit of teeth grinding?

2) Psychosocial

Studies are showing that emotional stress is the key triggering factor for bruxism. This is often noticeable during the period of examinations, family bereavements and marriages. Though stress has a stronger relationship to awake bruxism, the role of stress in sleep bruxism is less obvious.

3) Medications

Some drugs are known to trigger anxiety in certain individuals. Example includes dopamine agonists and antagonist, tricyclic antidepressants, selective serotonin reuptake inhibitors, and amphetamines. In addition, excessive consumption of caffeine may exacerbate the condition. Coffee and tea drinkers, should take note.

4) Occlusal

An occlusal interference may refer to a problem that interferes with the normal path of the bite, and is usually used to describe a localized problem with the position or shape of a single tooth or group of teeth.

HOW I MANAGED BRUXISM:

I tried to relax before sleeping but that did not work for me, though. Hence, I took the next practical step by wearing a dental guard (occlusal splint). This prevents the upper and lower teeth from contacting. It can be uncomfortable wearing the device initially and may cause some sleepless nights. However, you will soon get used to it.



Written & Contributed by

Dr. Edward Tay (UM)

The above article was written by him when he was a final year dental student at University of Malaya.

His passion to equip patients in achieving optimal oral self-care.

Other in-terests include social media, online marketing and music.

Follow him on Twitter @iamedwardtay

Source: dentistsnearby.com



I have 2 of these so far. My current occlusal splint is the clearer, Essix type, which is also used as a retainer for those who undergone ortho-dontic treatment. You can get these at most dental clinics. An impression is required for construction of the dental guard, and it may be ready within a week.



As you can see in the above picture, the first occlusal splint of mine has worn out, evident by a hole through the acrylic material. This shows that the force of clenching and gnashing is indeed strong.

Tips for dental guard wearers:

- a) Wear it 30 minutes before going to bed so that the device is conditioned properly in your mouth.
- b) As an added measure for sensitive teeth, you can apply a layer of desensitizing toothpaste on the fitting surface of the dental guard before wearing it.

- c) Avoid sleeping sideways to prevent drooling.
- d) When you wake up, observe the condition of the dental guard for signs of wear.
- e) Do your previous symptoms, e.g. sensitive teeth, jaw ache, headache still persist? Consult your dentist if it still does.
- f) Stop wearing once there is a noticeable hole through the device and replace with a new one.

There are also other treatment modalities such as relaxation therapies, bruxism biofeedback headbands, medications etc. What we have in Malaysia now currently is the occlusal splint as our commonest solution. Although this by itself does not actually stop the habit of excessive grinding, it works excellently to prevent tooth wear.



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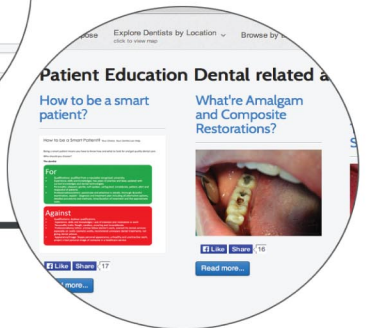
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The Process of Filling A

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Afterwards, dentist will inform patient of after-care steps, and as well as the different ways to prevent tooth decay.

After the multi-layering process, your dentist will shape the composite material, trim off excess, and polish the final restoration.

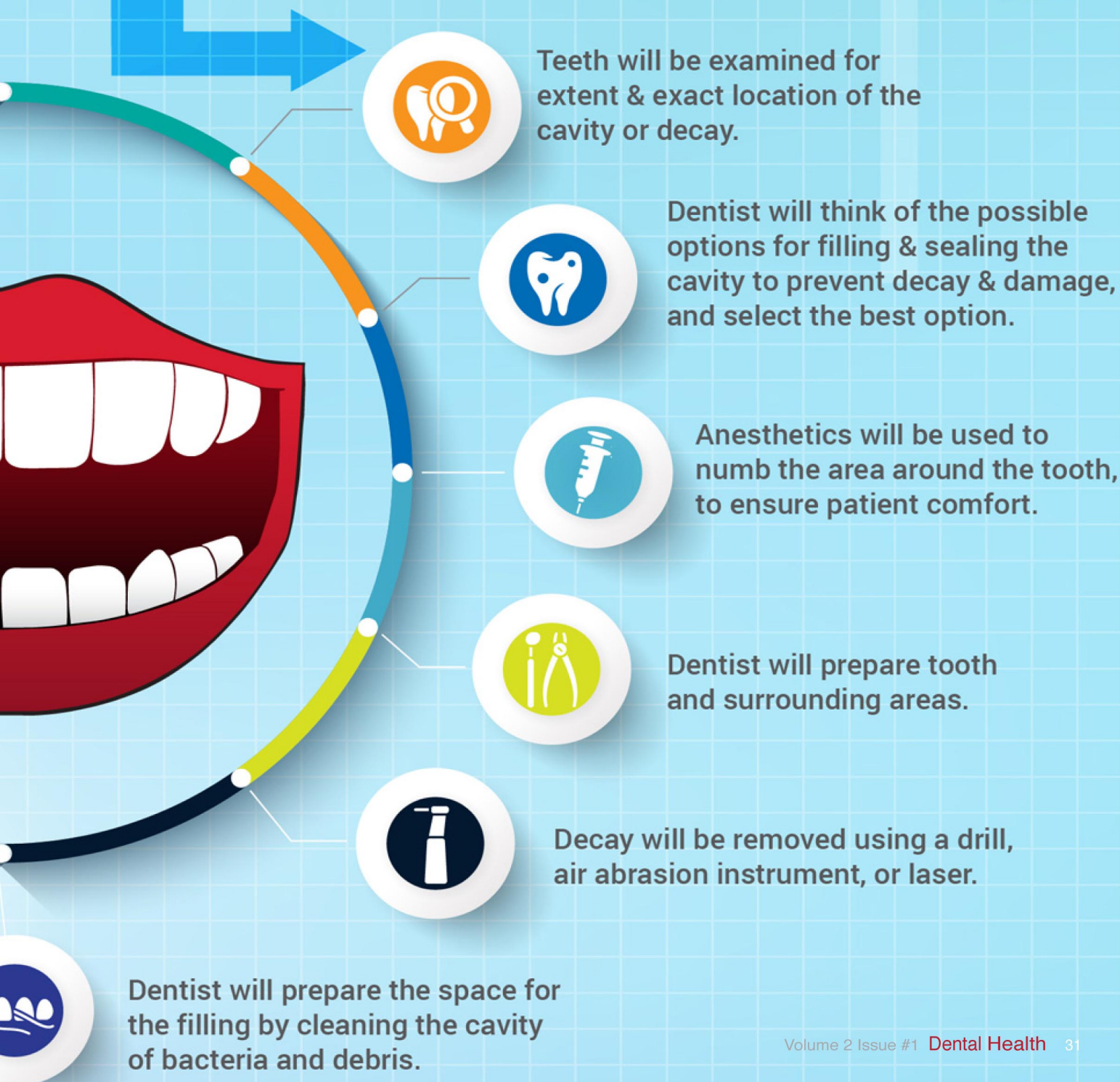
For the filling process, adhesives will be placed followed by composite material, then it will be hardened with a bonding light.

If the decay is near the root, your dentist may first put a liner to protect the nerve.

Isolate the tooth to prevent moisture from interfering with the bonding process.



Process of Cavity



What is **Xylitol** and why it might be beneficial for your teeth?

*Dentists
nearby*

10/25/2016 10:00:00 AM



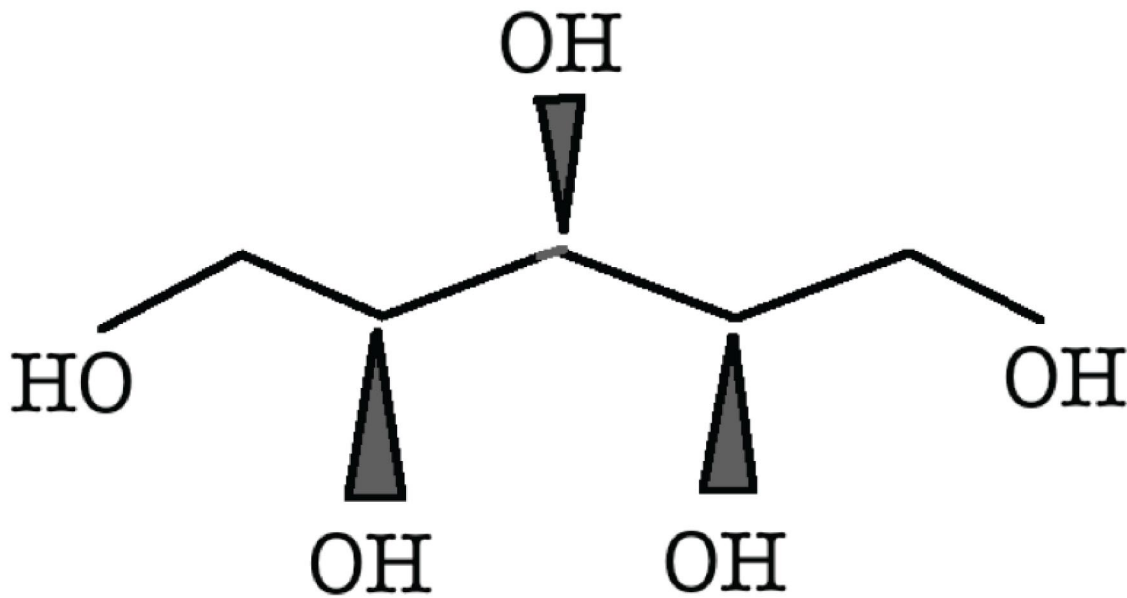
Potential Benefits of xylitol

- Decrease in caries rates, increment, and/or onset



Xylitol is a natural five-carbon sugar obtained from birch trees. The name relates to the word "xylose" (wood sugar) from which xylitol was first made, and which is, in turn, derived from the particular structure (xy-lene) of hardwood from which xylose can be obtained.

It keeps the sucrose molecule from binding with MS (Mutans Streptococ-ci)*. Furthermore, MS cannot ferment (metabolize) xylitol.



Dentists nearby

10/10/2019 10:00:00 AM

Thus xylitol reduces MS by altering their metabolic pathways and enhances remineralization and helps arrest dentinal caries. It is usually recommended that a patient chew a piece of xylitol gum after eating or snacking for 5 to 30 minutes.

Chewing any sugar-free gum after meals reduces the acidogenicity of plaque because chewing stimulates salivary flow, which improves the buffering of the pH drop that occurs after eating.

**Mutan Streptococci: What in the world is M.Streptococci?
Ans: M.Streptococci and other lactobacilli are bacterias that can produce great amounts of acids (acidogenic), are tolerant of acidic environments (aciduric), are vigorously stimulated by sucrose, and appear to be the primary organisms associated with caries in man (and woman).*

Did you know? Xylitol has 40% less calories and 70% less carbohydrates than table sugar.

Numerous studies have confirmed that xylitol is an effective way to prevent tooth decay and fight cavities. Its efficacy however, is dose-related, hence care must be taken to use products with adequate dose levels.

Current practice includes chewing two pieces of gum containing a total of 1 gram of xylitol 3-6 times daily, preferably after meals and snacks. However, do keep in mind that most chewing gums have a laxative effect. (Please google up laxatives if you are cautious).

- Maternal (Pregnant mother) consumption of xylitol may reduce the acquisition of MS and dental caries by their children.

Potential Harms of xylitol

(For children) If you're a parent, you will need to control the amount of xylitol that your child consumes. Xylitol is safe for children when consumed in therapeutic doses for dental caries prevention. Common side effects that may occur with the use of xylitol are gas and osmotic diarrhea. These symptoms usually occur at higher dosages and will subside once xylitol consumption is stopped. Xylitol should be intro-

introduced slowly, over a week or more, to acclimate the body to xylitol, especially in young children. And please do not feed your child which is younger < than 4 years old chewing gums for the risk of choking. (use xylitol powder instead)

Several different national dental associations have endorsed xylitol as a tool to support good dental health. One study published in the Journal of Dental Research in 2006 concluded that daily use of xylitol lowered streptococci levels by ten times as much as those that did not. Limiting sugar intake is also a good way to prevent cavities and maintain healthy teeth and gums and xylitol is a tasty, healthy alternative.

In a paper published in the Journal of Massachusetts Dental Society 2 years ago, it was also concluded that "Xylitol has been shown to be effective in the prevention of caries when consumed in quantities as little as 8 grams per day".

Other potential benefits of xylitol

Diabetes Benefits

Xylitol has a low glycemic index, has little effect on blood sugar levels and does not require insulin to be metabolized. This makes it a potentially ideal substitute for cane sugar and other sugar substitutes for people suffering from diabetes or at high risk of developing diabetes.

Antibacterial

In addition to fighting MS, reports suggest that xylitol may help to boost bacterial response systems in the body and may even fight off Candida yeast and prevent oral infections. It raises the levels of activity in white blood cells, which are responsible for much of the body's resistance to bacteria and infection.

Upper Respiratory Support

Studies show that xylitol may be an effective way to prevent and treat ear infections and other upper respiratory problems. Chewing gum that contains xylitol may be particularly effective because the process of chewing clears the ear cavities of wax buildup, while the xylitol helps prevent bacterial infection. Using xylitol nasal spray may help treat asthma, sinus infections and allergies.

Bone Health

According to a Finnish study, xylitol supplements may be a good treatment for osteoporosis. Researchers found that the xylitol improved bone density and lowered the percentage of bone loss in lab rats. Human trials are necessary to determine the effectiveness of xylitol for people with osteoporosis and other bone disease.

Weight Loss

Xylitol has less calories than regular sugar, which is one of the primary contributors to weight problems and obesity in society today. While too much xylitol can still contribute to weight gain, it is a much healthier option than regular cane sugar for dietary purposes.

So next time your dentist asks you to get some xylitol to chew on, you won't have to ask him why.

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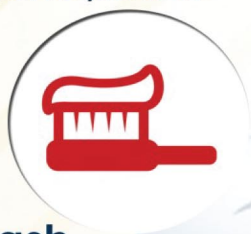
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9 TIPS

TO HAVE HEALTHY TEETH

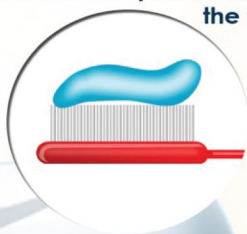
Floss Before Brushing

Flossing is important to remove plaque and several harmful bacteria. Brushing alone is not helpful. You should floss your teeth to prevent bacterial growth and protect your teeth.



Visit your dentist regularly

You should not be lazy about seeing your dentist regularly. Early stage dental problems are much easier and cheaper to fix than later stage problems. You should see your dentist twice a year so you can catch the problems during early symptoms.



Use Mouthwash

Along with brushing and flossing, mouthwash helps your teeth too. Use it to have a good breath and greater confidence.



Brush your teeth twice a day:

This is crucial if you want to maintain healthy gums and teeth.



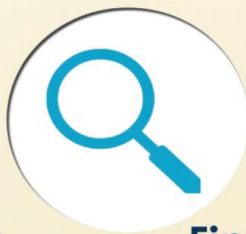
Sugarfree chewing gum

When you eat or chew sugary things such as gum, you might be causing problems for your teeth. Eating too much chocolate might not be good for your teeth. You should get sugarfree gum and chew it to help prevent cavities.



Quit Smoking

Smoking is very destructive for your teeth. It can cause your mouth to age fast. It is also a cause of potentially harmful diseases. You know which ones. If you want healthy teeth and gums, you must quit smoking.



Use Fluoride

Fluoride helps protect your teeth because it helps create stronger enamel on your teeth. Bacteria attack the enamel of your teeth so having stronger enamel helps protect your teeth. Toothpaste with fluoride helps protect your teeth.



Use Sealants

Sealants protect your back teeth which can be the favorite place of bacteria in your mouth. Sealants combined with regular brushing can help protect your back teeth nicely.

Find a suitable toothbrush

Get an electric toothbrush recommended by your doctor, or read reviews to find a good one.

Orthognathic Surgery:

Johnny's Quest For that Perfect Profile

INTRODUCTION

Dr. Firdaus Hanapiah
BDS (Otago) MSc (Lon.) FDSRCS (England) FICOI

Young Johnny is a normal 21 year old who grew up in a Kuala Lumpur's suburb. He is a healthy young man who went to high school like so many of his cohorts and led a normal life. He was a smart kid as well and qualified to do a degree in a famous London University.

However , Johnny always had a disadvantage which he shared with no other of his siblings although the trait existed in his family's lineage. He had an over

poweringly elongated lower jaw. This was however not a physical disability as such, but it did give problems with his biting and mastication of food and he stands out from the crowd.

At the age of 18 , he sought help from dental professionals and was referred to us for this condition. Upon examination we found him to be a pleasant young man with a disproportionately long lower jaw and short upper jaw.

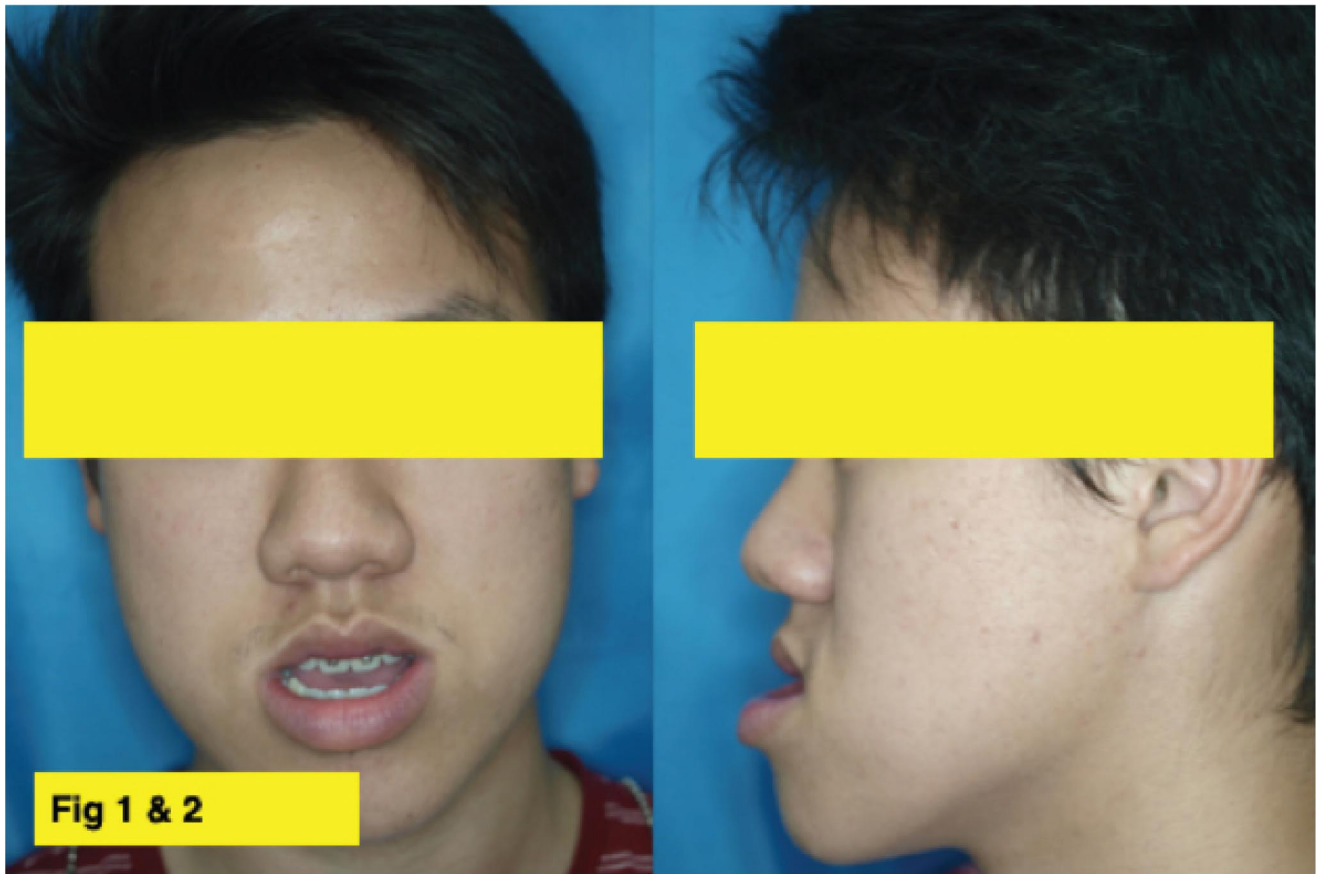


Fig 1 : Frontal view. Fig 2 : Side view



Fig 3. View from the top of the head showing a reverse overjet in which the lower jaw is 12 mm in front of the upper jaw.

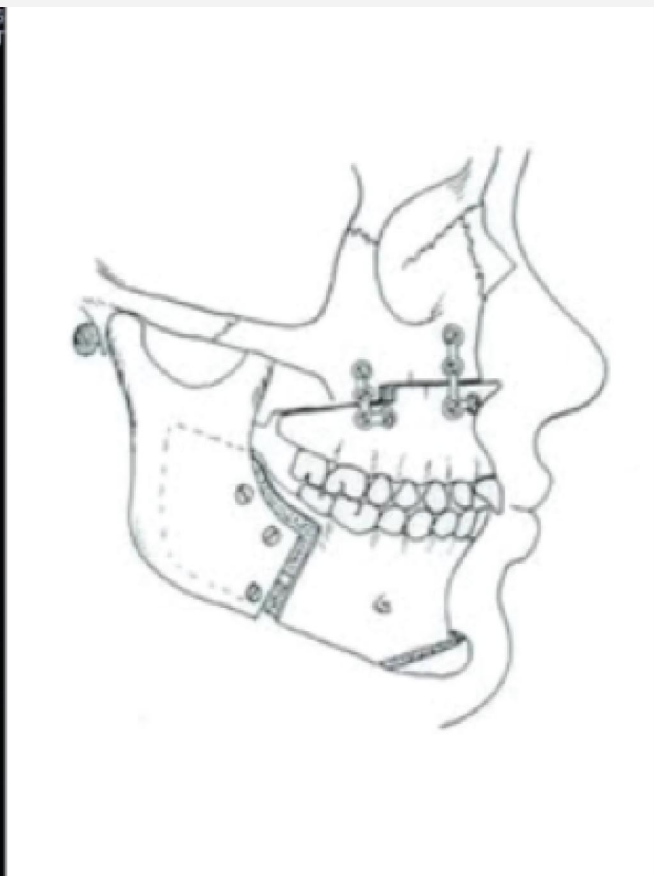
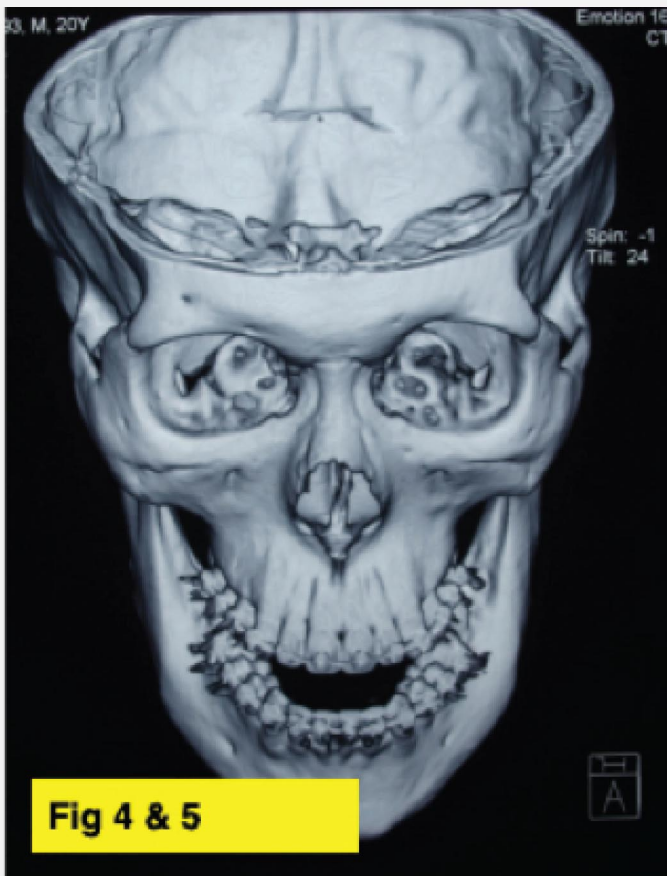


Fig 4 : A three dimensional CT Scan shows the mandibular discrepancies.
Fig 5 : Various cuts made during orthognathic surgery



Fig 6 : Six weeks after Operation, A totally new smile.

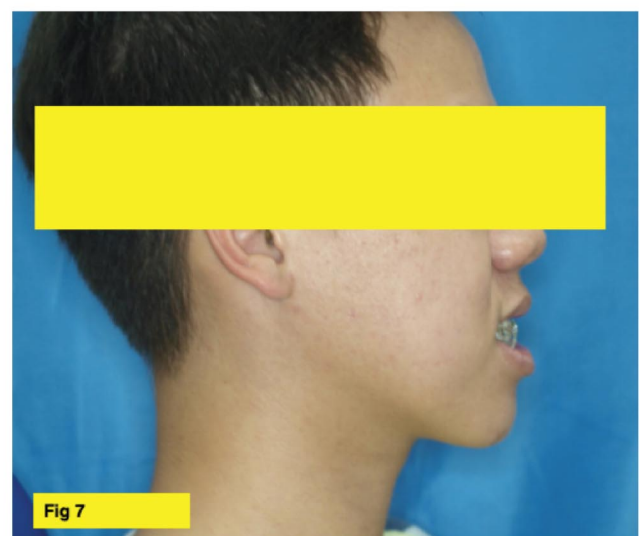
Fig 7 : Six weeks post operative profile photo, note that there is now no overjet , and the cheekbone is now more pronounced.

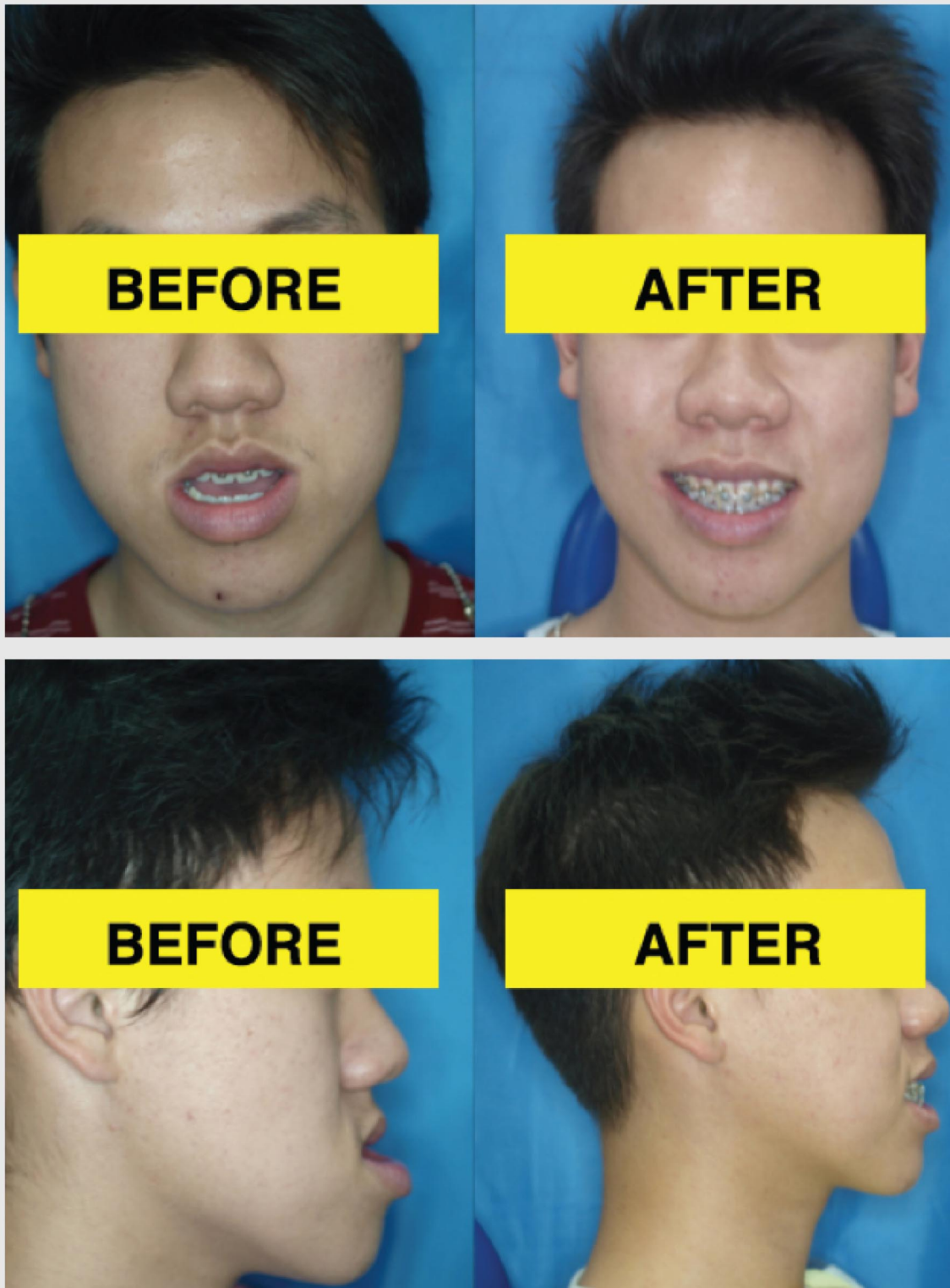
He was then recommended to undertake orthodontic (Braces) treatments to get his teeth in alignment. After which, it was decided that the best line of treatment would be to do a bi-maxillary orthognathic surgery with the objectives of; to shorten his lower jaw and to bring forward his upper jaw. (Fig 4. Fig 5)

The surgery was done uneventfully and within three days he was out of the hospital. He had some bruising and swelling of his face as well as numbness of his lips, but this was a temporary transition to recovery.

After six weeks, he had some adjustments made to his orthodontic brackets and was ready to go back

to school in London. (Fig 6, Fig 7). However, for obvious reasons, he had to redo his passport before he went back!





CONCLUSION

There are many options that can be taken for this case and cases similar to this. However, orthodontics treatment alone cannot repair the extensive discrepancies of the jaws. The option of orthognathic surgery is a realistic option as it is a predictable, safe and pleasing outcome to this case and those similar to this.

GET THE NEXT BEST THING TO NATURAL TEETH WITH STRAUMANN DENTAL IMPLANTS

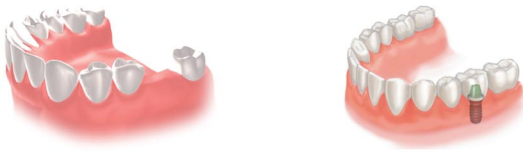
WHAT ARE DENTAL IMPLANTS?

Dental implants are small screws made of pure titanium that are surgically implanted in your jaw

WHO SHOULD CONSIDER DENTAL IMPLANTS?

Dental implants are ideal for anyone who is missing a single tooth, missing several teeth, or has a completely toothless jaw

MISSING SINGLE TOOTH



DENTAL IMPLANT

A dental implant and porcelain crown can fill a gap in your teeth.

- The dental implant is designed to look and function like your natural teeth, allowing you to regain the quality of life that you are used to.
- Unlike dental bridges or other treatments, there is no need to grind down healthy neighbouring teeth.

SEVERAL MISSING TEETH



A fixed bridge attached to dental implants ensures optimal stability, aesthetics, and functionality.

- The dental implant is designed to look and function like your natural teeth, allowing you to regain the quality of life that you are used to.
- More secure than traditional dentures.
- Creates very attractive results without damaging healthy teeth.

COMPLETELY TOOTHLESS JAW



Dental implants offer the stability needed to anchor a removable denture.

- The dental implant is designed to look and function like your natural teeth, allowing you to regain the quality of life that you are used to.
- The denture stays firmly in place but can be taken out of the mouth for cleaning.
- Unlike full dentures, dental implants do not affect your enjoyment of food.



"Looking at the long-term benefits, I definitely think it was a worthwhile investment."

Jessica Lim, 37, Singapore
(Was missing a single tooth)



"My new teeth look and feel so natural!"

Henry Fonda, 65, Indonesia (Had a completely toothless jaw)

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There are many implant systems, but not all are equal

In the last decade, dental implants have become a standard treatment in dentistry, and there are many types being offered by various dental implant companies. But are they offering the same quality, and have these systems been clinically proven in long-term studies? Most patients are not aware of the critical differences between implant systems. Straumann components are manufactured under consideration of internationally accepted quality standards – with high precision and documented clinical research.

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[BRUSH, **FLOSS**, AND
PROTECT YOUR **BRAIN**]

*Regular brushing
and flossing is your best
bet in preventing two
common dental
problems-gingivitis
and periodontitis.*

POOR **ORAL HEALTH** [AND YOUR BRAIN]

By Dr. R. Thiran

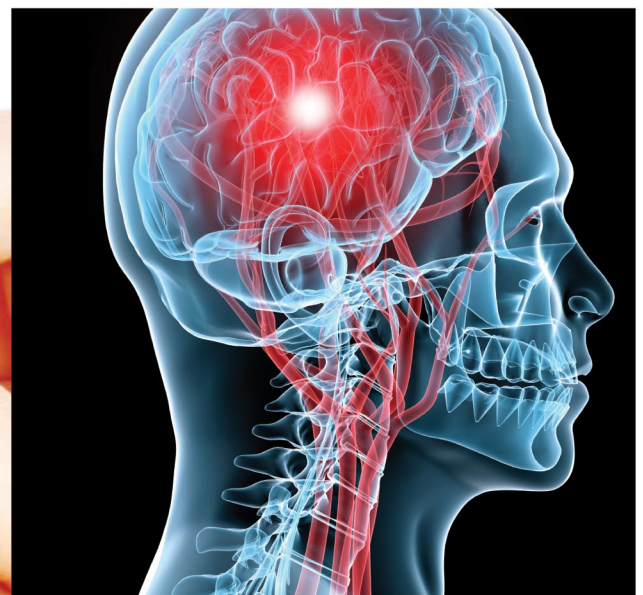


There has been a lot of research in the recent years on the relationship between disease of the mouth and your total health.

But now we are told that brushing your teeth and flossing regularly does more often prevent cavities and other dental problems. It can also protect your heart and according to new research, even your brain.

Regular brushing and flossing is your best bet in preventing two common dental problems—gingivitis and periodontitis. Gingivitis or bleeding of the gums is a very common problem, caused by plaque that forms on teeth after eating certain foods.

Gingivitis is the first sign of gum disease and can be easily treated by proper brushing and flossing.

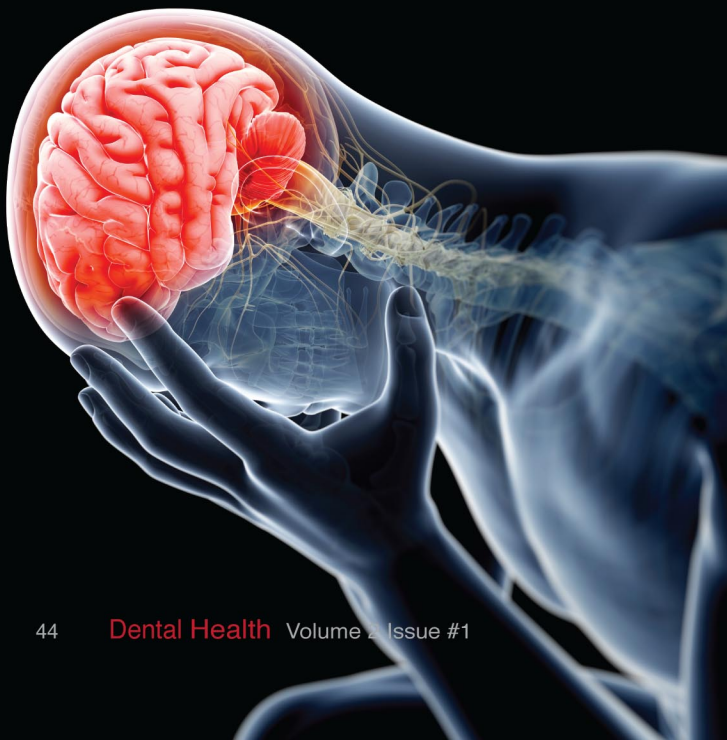




Regular 6 months visit to your dentist can easily take care of this.

Do not treat this first sign very lightly. It can lead to more serious problems and we will show you. If left unattended this will lead to periodontitis. In this condition the gums become very puffy and pockets or space between the gums and the tooth develop.

Bad breath and more bleeding will be noticeable in this stage and even pain on chewing as the tissues of the mouth are inflamed.



This is followed by the break down of the supportive structures that hold the teeth in place. At this stage only aggressive treatment will save you from losing your teeth.

The link between chronic gum disease like periodontics and heart health is now generally accepted by most authorities.

But what is interesting is that, now even new research is showing a relationship with poor oral health and cognitive decline. With longer lifespan and an aging population worldwide, this should be the concern for our senior citizens.

From the study of selected individuals aged 70-79, from a health ABC study. The research performed cognition test at baseline (Year One) and again at year three and five. Comprehensive oral examination was conducted at year two.



The main test assessed (1) Orientation (2) Concentration (3) Language (4) Praxis (doing a procedure or task) (5) Good immediate and delayed memory. Additional tests measured, attention, psychomotor speed, executive function, word and design fluency and sequences tasks.

The very comprehensive oral and dental examination looked at the all aspects of dental health; the number of teeth in the mouth; the pocket sizes; bleeding gums etc.

After analysing that data and adjusting for factors such as age, sex, race, cardiovascular risk and depressive symptoms, researchers found an association between low scores on almost all oral health diseases and cognitive impairment. Gingival inflammation once more strongly associated with cognitive impairment and was the only factor that predicted cognitive decline.

Many studies has already linked systemic inflammation (specifically high levels of markers likC-reactive protein) with dementia; this current study is not too surprising.

Some research points to the fact that chronic gum disease causes an inflammatory response throughout the entire body, which sets the stage for bigger problems such as heart diseases, alzheimers and dementias and even cancer.

[BRUSH, FLOSS, AND PROTECT YOUR BRAIN]

Now it seems that this simple daily routine may even go a long way in protecting the health of your brain and your memory.

References

1. Health Research Website.
2. American Heart Association.
3. Whole Health Insider.

**PREVENTION IS
BETTER THAN CURE AND
IT MAY START WITH THE
REGULAR AND SIMPLE
HABITS OF BRUSHING YOUR
TEETH AND FLOSSING
REGULARLY.**



Recipe by our Master Chef Dr. Ezani for our readers



Fruity Salad (Serves 6)

1 romaine lettuce
1 japanese cucumber
1 packet cherry tomato
1 mango (japanese lily mango)
1 green apple
1 white dragonfruit
1 bunch coriander leaves

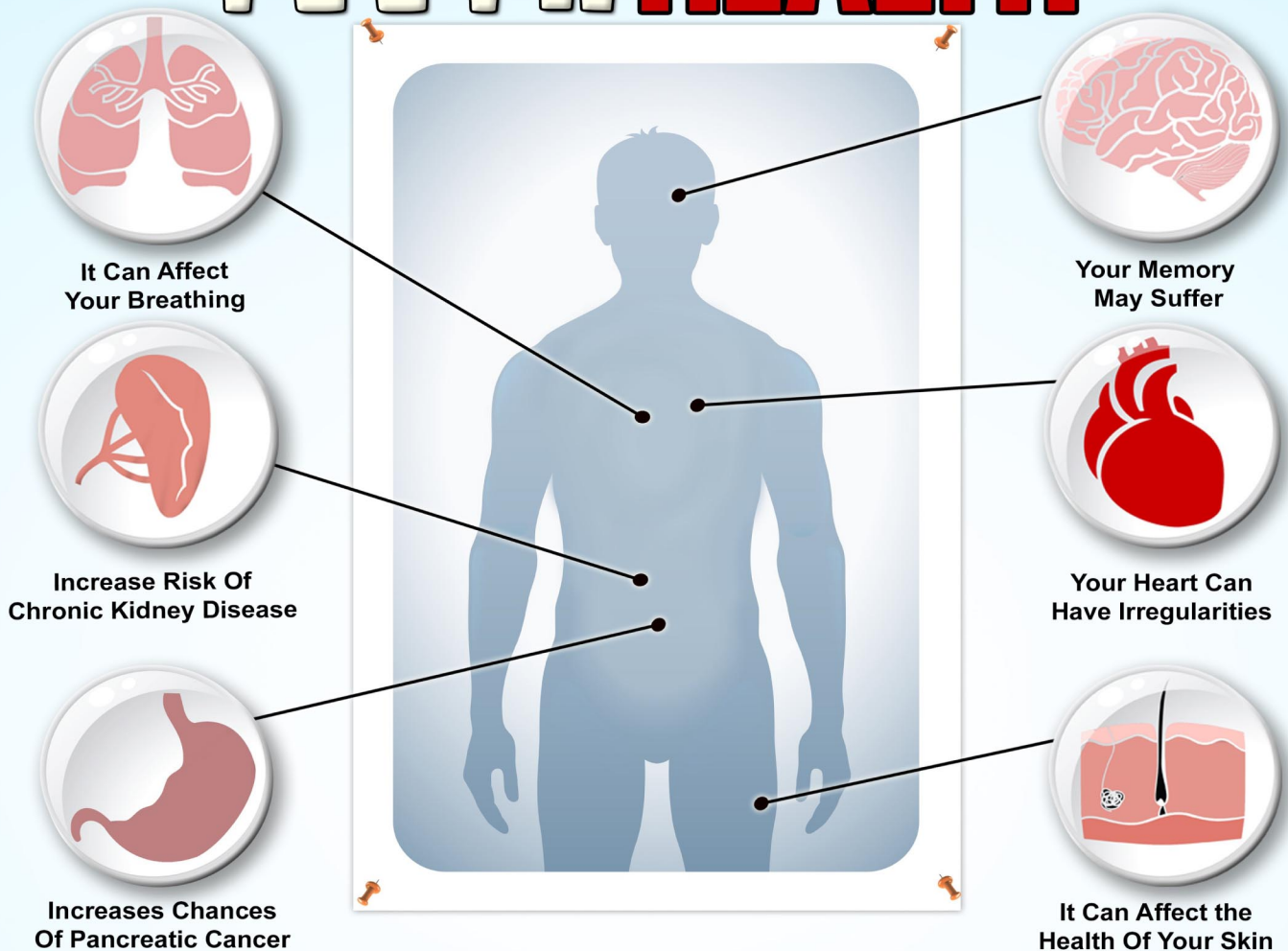
Salad dressing :

3 limes (juiced and zested)
2 tablespoons honey
3 tablespoons fish sauce
1 clove garlic finely chopped
½ cm ginger finely chopped
½ red chilli finely chopped
1 bunch coriander stalks finely chopped

1. For the dressing, mix all ingredients in a jar and shake till well mixed. Taste and season to your liking. Set aside.
2. Cut all the fruits and vegetables. Just before serving, toss salad ingredients with the dressing in a big bowl. Serve and garnish with extra coriander leaves.



HOW UNHEALTHY TEETH CAN AFFECT YOUR HEALTH



Gum disease may increase your risk of getting respiratory infections, such as chronic obstructive pulmonary disease (COPD) and pneumonia.



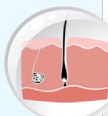
The National Library of Medicine stated that oral bacteria may spread to the brain through cranial nerves that connect to the jaw or through the bloodstream, and contribute to the type of plaque that's been linked to Alzheimer's.

A study published in the Journal of Periodontology suggests that edentulous, or toothless, adults may be more likely to have Chronic Kidney Disease than dentate adults.



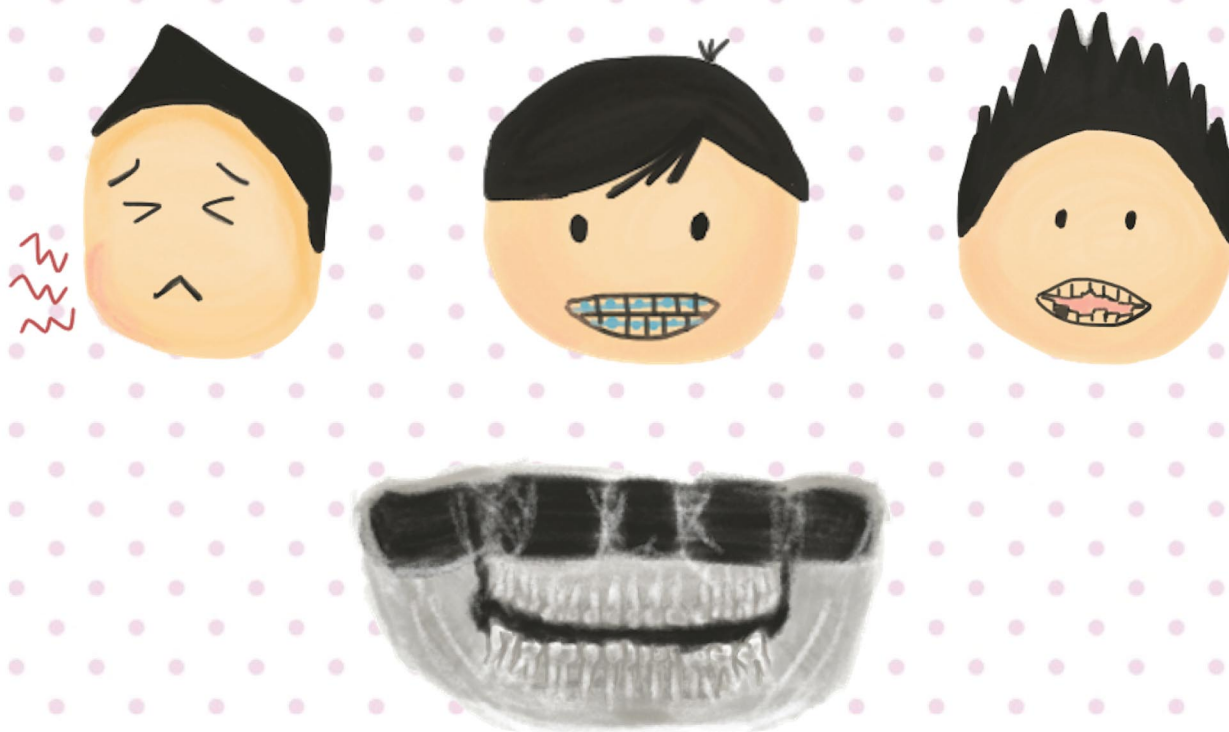
People with gum disease are almost twice as likely to suffer from coronary artery disease compared to those don't have periodontitis. Gum disease can cause heart conditions such as endocarditis and functional irregularities.

The Journal from the National Cancer Institute in January 2007 found that after adjusting for all factors, men with advanced gum disease had a 33% greater chance of developing pancreatic cancer.



The Academy of General Dentistry claimed gingivitis creates inflammation, bleeding and tenderness in gum tissue that can lead to gum recession and bone loss, causing underlying skin to appear older.

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A SOUL PASSIONATE ABOUT ART AND
STARTED PAINTING AS A HOBBY, EXHIBITING HIS PAINTINGS WHICH ARE NOW
DISPLAYED IN MALAYSIAN GALLERIES



Every painting, apart from being subject to various interpretations and analysis by whoever looking at it, also has a story behind it. The above painting by French artist Michelle van Besian which has been in my collection since 1991 has its story too :

"In April 1985, while I was living in Italy, I went for a week's Easter holiday in the enchanted Greek island of Hydra in the Mediterranean. I stayed at a friend's cottage in a village up a hill and yet at the foot of another hill. The island was really magical; I remember seeing a most incredible sunset on my first day there, and a breathtaking dawn on my last day as I walked to the harbour to catch a ferry back to Athens. No vehicles whatsoever were allowed on the island. Luxury cruise ships stopped at its harbour daily and hordes of tourist would enjoy the island for a few hours.

One day I went for a walk up the higher hills to catch a panoramic view of the island. On the way down I picked up wild poppies, daffodils, Marguerite and other wild flowers profusely blooming everywhere. Back in the cottage I put them in a water jug and placed it on my bedroom window sill. I took a photos of it, which became one of the many pleasant reminders of my stay in Hydra.

In 1990, by then I was living in Warsaw, Poland, I showed the photo to my French artist friend Michelle Van Besian who lived there. And she made a painting of it, for posterity. Now the painting rekindled wonderful memories of my holiday in Hydra and my friendship with Michelle. "

Dato' Mohd Yusof Ahmad
March 2016



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THE WONDERS OF MBRACE®

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MBrace® aligners are custom-made digitally, designed to improve dental alignment and occlusal relationship. MBrace® aligner system leverages on 3D computer simulation for true stepwise teeth movement to ensure a precise fit of the aligner against the teeth.

These aligners are visibly clear which will not conflict with your work or social schedules. They can be easily removed during meals, doing away with unsightly food stuck in traditional braces. MBrace® aligners are often preferred due to the fast production turnaround and being one of the affordable clear aligner system in the market. A typical treatment will take about 9 to 12 months to have the teeth moved into the desired position.

BENEFITS OF MBRACE® ALIGNER

- ✓ Aesthetically pleasing
- ✓ Removable during meals or for cleaning
- ✓ Comfortable with minimal oral irritation
- ✓ Normal flossing and brushing are still possible to maintain good oral hygiene
- ✓ No brackets and attachments required to create tooth movement
- ✓ Full digitally customised treatment plan to meet individual needs
- ✓ Conducts periodic checks on treatment progress to achieve the desired result
- ✓ Shorter chair time and visits to clinic



Clear aligner system is generally safe and effective for a range of orthodontic complaints. Everyone has some degree of malocclusion – range from mild to severe. The best candidates for MBrace® are those with mild to moderate dental misalignment (crowding and spacing), cosmetic solutions (overjet and overbite) and those who suffer from a relapse.

Dentalthon Medtech, the manufacturer of MBrace® aligner, is an ISO 13485 certified Singapore dental device company. This may be the only clear aligner system in Asia to receive this certification that demonstrates high quality standard in their production and management processes.

It is time to bid goodbye to embarrassing misaligned teeth. Consult your specialist today to help achieve the perfect orthodontic alignment and bite.

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Together We Grow



GOOD FOOD

VS.

BAD FOOD

FOR YOUR TEETH

YEAH YEAH YEAH, DON'T EAT SUGAR, BLAH BLAH BLAH

Wait a second, there's more to it than just sugar. Plaque is a thin, invisible film of sticky bacteria and other materials that covers all the surfaces of all your teeth. When sugars or starches in your mouth come in contact with plaque, the acids that result can attack teeth for 20 minutes or more after you finish eating. Repeated attacks can break down the hard enamel on the surface of teeth, leading to tooth decay. Plaque also produces toxins that attack the gums and bone supporting the teeth. Learn the difference between different foods and help protect your entire mouth from the bad stuff!

THE GOOD GUYS



FIBRE-RICH FRUITS AND VEGETABLES.

Foods with fibre stimulate saliva flow, which, next to good home dental care, is your best natural defense against cavities and gum disease. About 20 minutes after you eat something containing sugars or starches, your saliva begins to neutralize the acids and enzymes attacking your teeth. Because saliva contains traces of calcium and phosphate, it also restores minerals to teeth.



MILK, YOGURT, AND DAIRY PRODUCTS.

Cheese is another saliva generator. The calcium in cheese, and the calcium and phosphates in milk and other dairy products, help put back minerals your teeth might have lost due to other foods.



GREEN AND BLACK TEAS.

Black and green tea contain polyphenols that interact with plaque bacteria. These substances either kill or suppress bacteria, preventing them from growing or producing tooth-attacking acid.



FOODS WITH FLUORIDE.

Fluoridated drinking water, or any product you make with fluoridated water, helps your teeth. This includes powdered juices (as long as they don't contain a lot of sugar) and dehydrated soups. Commercially prepared foods, such as poultry products, seafood, and powdered cereals, also can provide fluoride.

THE BAD GUYS



STICKY CANDIES AND SWEETS.

If you eat sweets, go for those that clear out of your mouth quickly. So thumbs down for lollipops, caramels and cough drops that contain refined sugar. Surprisingly, thumbs up for chocolate, which, because its sugars are coated in fat, slips easily out of your mouth.



STARCHY FOODS.

Avoid anything that can get stuck in your teeth. They can be missed by brushing and flossing and well. Soft breads, potato chips and popcorn should be avoided when possible.



CARBONATED SOFT DRINKS.

While we're at it, be sure to add sports drinks to this list. Besides being laden with sugar, most soft drinks contain phosphoric and citric acids that erode tooth enamel.



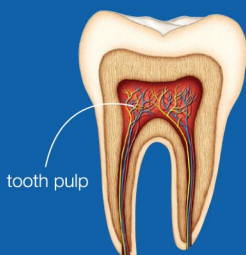
ANYTHING THAT DRIES OUT YOUR MOUTH.

Alcohol and many medicines can remove the saliva that helps clean and protect your teeth. If medications are causing dryness, consider talking to your doctor about getting a fluoride rinse, or a fluoride gel with which to brush your teeth.

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ToothMSCs

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Over the years, findings on **ToothMSCs** have been explosive and researchers around the world are currently exploring the possible application of **ToothMSCs** as regenerative medicine.

BEST STEM CELL BANK 2012 - 2015

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Tooth fairy comes to life

Teeth are usually thrown away as medical waste after removal. Through science and innovation, parents today are able to store their child's **ToothMSCs** if the need ever arises.

MSCs have the potential to treat heart disease¹, Parkinson's disease², cerebral global ischemia³ and retinal disease⁴.

ToothMSCs (tooth derived Mesenchymal Stem Cells) will be cryopreserved in the liquid nitrogen tank under the temperature of -190°C.

Our state-of-the-art laboratory certified to cGMP (PIC/S) requisites was awarded by NPCB (BPFK), a division of the Ministry of Health, Malaysia.



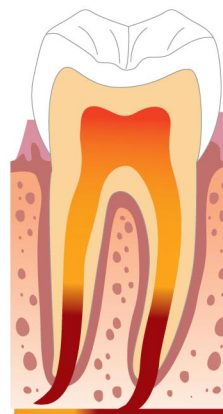
¹ Wang H-S, et al. Mesenchymal Stem Cells in the Wharton's Jelly of the Human Umbilical Cord. *Stem Cells*. 2004;22: 1330-1337.
² Fu Y-S, et al. Conversion of Human Umbilical Cord Mesenchymal Stem Cells in Wharton's Jelly to Dopaminergic Neurons In Vitro: Potential Therapeutic Application for Parkinsonism. *Stem Cells*. 2006;24:115-124.
³ Jomura S, et al. Potential Treatment of Cerebral Global Ischemia with Oct-4+Umbilical Cord Matrix Cells. *Stem Cells*. 2007;25:98-106.
⁴ Lund RD, et al. Cells Isolated from Umbilical Cord Tissue Rescue Photoreceptors and Visual Functions in a Rodent Model of Retinal Disease. *Stem Cells*. 2007;25:602-611.

The Earlier, The Better

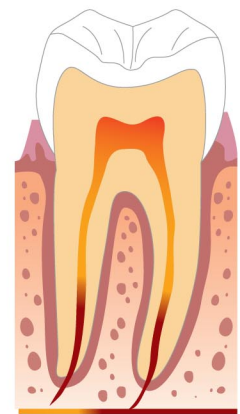
Age is important. Stem cells are best stored at the earliest opportunity because stem cells within the dental pulp become less proliferative as the individual ages.

Thus, you should enroll yourself or your child now; given it's under the following conditions:

- Your child's tooth starts to loose
- You intend to undergo wisdom tooth removal
- You intend to undergo orthodontic surgery



Healthy Pulp Molar of 18 years old



Sclerosed Pulp Molar of 60 years old

Reference: www.stemsave.com

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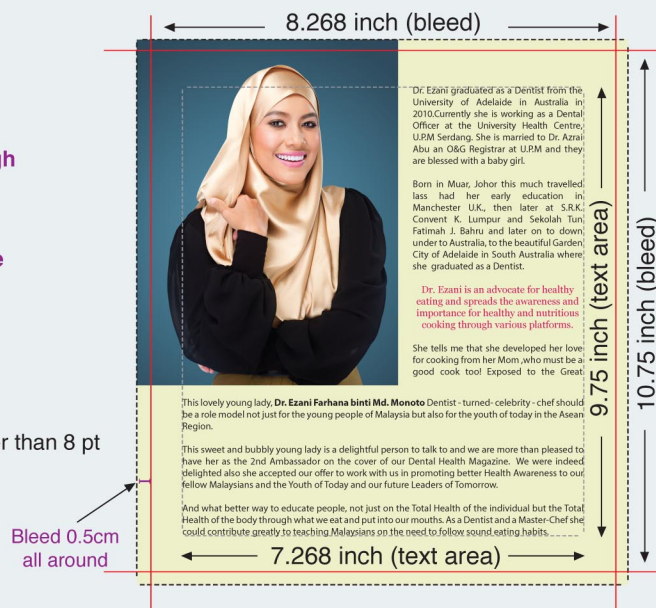
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- Single colour white reserve type to be in bold font and no smaller than 8 pt
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