

NATION UNITES TO IMPROVE ORAL HEALTH

15 May saw the launch of the UK's largest oral health campaign, National Smile Month, organised by the British Dental Health Foundation, at The Ivy in London.

The event welcomed leading figures from the profession and representatives from some of the UK's largest household names.

National Smile Month is the focal point for thousands of dental and health professionals to coordinate events and activities across the UK to improve oral health.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, said: 'Getting people to talk and think about their teeth and dental habits is vital to our goal of improving the state of oral health not only in the UK but worldwide.'

Thousands of organisations have arranged fun days, talks, sponsored events, displays, open



days and competitions to celebrate National Smile Month this year. 'Smiley' photos have been ubiquitous across social media platforms, and @The_BDJ even contributed a few on Twitter to help raise awareness of the event.

PAIN RELIEF CLINIC CELEBRATES 15 YEARS



The Pain Relief Dental Clinic at the small village of Hansali in the Punjab, India celebrated its fifteenth anniversary on 8 February 2014 and marked it on 15 March. Hardev Coonar, Emeritus Consultant Oral Surgeon, was instrumental in establishing the clinic as a Rotary Project on his retirement from the Eastman Dental Hospital and Hammersmith Hospital in 1999. The clinic is sponsored by the Rotary Club of

Mill Hill and hosted by the Rotary Club of Sirhind/Punjab. Dr Richard Dunstan from London attended the anniversary celebration in March, and is pictured here with the current team at Hansali.

In 15 years the four-chair clinic has provided free dental care to 129,000 patients in rural Punjab and volunteers from many parts of the world have travelled to the clinic to offer their services in the spirit of 'service above self'.

MYTH-BUSTING

DONKEY DENTISTRY AND OTHER STORIES

Maintaining good oral health should be part of everyone's daily routine but sometimes tradition and superstition get in the way. A perfect example of this was discovered in the *BDJ* archives from a century ago:

At the Dorset Field Club's meeting on February 3, Mr Rawlence, of Salisbury, quoted instances of superstitious folk-lore in Dorset. As recently as 1910 a leading auctioneer in the county told him he had been suffering from toothache and on the way to the dentist he met an old farmer client, who, learning where he was going, said: 'Don't go there; I'll tell 'ee how to cure it. You go to a young oak tree and put your arms round it and mark the place where your fingers meet. Then hit a slit in the bark with your knife, put your left hand behind your head and pull out some hair behind your right ear, and put it in the slit of the bark and you'll never have toothache again.' (*BDJ* 1914; 35.)

However fantastical, it is impossible that such measures could do anything to prevent the recurrence of toothache and yet it is not impossible that the auctioneer in this report attempted this creative solution to rid himself of toothache. Whilst the farmer's suggestion might seem ridiculous in the twenty-first century, many old wives' tales persist today and it must be questioned whether there are scientific explanations behind their efficacy or if they are simply inaccurate and potentially dangerous to the patient.

Chewing on cloves to relieve toothache

Cloves have traditionally been thought to cure toothache and this old wives' tale has scientific merit. Cloves contain eugenol, a phenylpropene that is commonly used in medicine and dentistry as a local antiseptic and anaesthetic. Chewing on cloves therefore releases this chemical and can serve to numb and clean the affected area.

Overjet as a result of thumb-sucking

Thumb-sucking is a habit that most parents try to discourage, mainly due to fear that it will result in their child developing maxillary incisors that project forward. Whilst this type of malocclusion can be predetermined by genetics if the lower jaw is smaller than the upper jaw, oral habits such as thumb-sucking can worsen the resultant protrusion by creating outward pressures during growth. However, thumb-sucking is generally not the sole cause of what is colloquially known as 'buck teeth'.

Rubbing whisky on a baby's sore gums during teething

Folklore recommends dabbing whisky on to a baby's gums to reduce the pain of teething and this method has been similarly practised by adults suffering from toothache. As a narcotic, alcohol will numb the pain,

but even in small doses alcohol can be toxic to infants and should never be used.

Kissing a donkey to cure toothache

In German legend from the Middle Ages it was proposed that kissing a donkey would take away the pain of toothache. It can only be presumed that attempting this with a member of the horse family could lead to an act of aggression resultant in accidental exodontia, thus removing the painful tooth and source of toothache.

Gain a child, lose a tooth

The old wives' tale that women lose a tooth for every child they bear may be valid. Studies have shown that gingivitis and periodontitis can occur during pregnancy, which if severe and left untreated can lead to periodontal bone loss and subsequent tooth loss.

Eruption of wisdom teeth signifies halfway through lifespan

It was once believed that the eruption of third molars was a marker that one was halfway through their life. Considering the fact that third molars generally erupt in early adulthood at around the age of 20 and until the nineteenth century the average lifespan for Britons was 40 years, this indicator was not wholly inaccurate. However, in the UK today the average life expectancy is around 80, so there is no need to fear unduly when wisdom teeth start coming through.

Placing an aspirin on a tooth instead of swallowing it

Many people believe that placing an aspirin on a sore tooth is more effective than swallowing it. Aspirin, also known as acetylsalicylic acid, can in fact cause swelling of soft tissues such as gums in some patients and needs to be ingested to effectively enter the bloodstream and achieve analgesia.

It may be entertaining to start your own dental myths ... have you heard that chewing on the right side of your mouth increases creativity?

BY LAURA PACEY



IN THIS ISSUE

In this issue Dr David Radford argues that denture identification marking should be standard practice.

With an ageing population and increasing diagnosis of dementia there is a need for routine marking of dentures in general dental practice for certain groups of patients, as David stresses: 'The upset and loss of self-esteem for the patient who loses their denture is immeasurable. Often as dentists we tend to underplay the intimacy of a prosthesis, however, we all recognise the difficulty if it is misplaced or unidentified.'

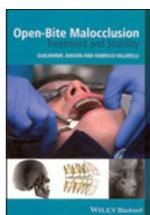
Denture identification marking is a simple procedure but potentially could improve the quality of life for the patient: 'For replacement dentures I would much prefer to adopt a copy denture procedure for an elderly, frail and possibly

confused patient in a nursing home rather than start from scratch.' The national audit established that the cost from the laboratory is a reasonable £5 per prosthesis, but David questions: 'Is the dentist going to go the extra mile and take a reduction of income from the 12 UDAs that is received for the total provision of care for that patient?'

The development of this opinion article came from David's involvement in dental education. Amrita Kalyan, who was a final year student on the Hygiene and Therapy programme at the University of Portsmouth Dental Academy, undertook a literature review and local audit of laboratory practice as part of her module on evidence-based dentistry. David said: 'Her enthusiasm for the subject was sparked by the outreach programme of the Academy in Alternative Clinical Environments with her visits to local nursing homes and recognising the problem of lost and muddled dentures. Her study was subsequently expanded to cover a wider national sample.' It is hoped this article persuades leaders and negotiators to consider funding for this cost effective procedure and encourages dentists and clinical dental technicians to revisit denture marking in their own practices.

Did you know? David collects British military collar badges and finds some of their craftsmanship akin to the finest prosthodontic technical work. He also has an allotment and grows everything from figs to black kale.

BOOK REVIEW



OPEN-BITE MALOCCLUSION: TREATMENT AND STABILITY

G. Janson, F. Valarelli
Wiley Blackwell
price £94.99; pp 476
ISBN 9781118335987

This is the first edition of a comprehensive textbook written by Dr Guilherme Janson, Professor of Orthodontics at Bauru Dental School in Brazil, and Dr Fabricio Valarelli, Associate Professor of Orthodontics at Ingá Dental School, Brazil. The extensive research experience of both authors, focusing on open bite and Class II malocclusions, speaks volumes for the credibility and quality of this publication.

Following the first chapter, which is an outline of both genetic and environmental aetiological factors concerning open bite malocclusions, the remaining four chapters discuss treatment options in order of ascending difficulty, finishing with a chapter on surgical options. The distress caused to both patient and clinician by relapse along with the importance of considering the stability of any treatment plan, particularly in these challenging cases, is clearly acknowledged in this book with each chapter finishing with a section on the stability of the discussed treatment modalities.

The core two chapters of the book look at open bite treatment, first in the deciduous and mixed dentition and then the permanent dentition. Cases are beautifully illustrated with colour photos taking

the reader through each stage of treatment. In fact, practically every point made in this text is demonstrated with a reference, figure or illustration making even complex topics an easy read.

The entire book is heavily evidence based, with references both embedded in the text and listed as an aid for further reading at the end of each chapter. The references include not only the most up to date publications on relevant topics but also important landmark papers.

In conclusion, the comprehensiveness of this book, although impressive, targets it towards the experienced orthodontic trainee, specialist or consultant as opposed to students or general dental practitioners. Undergraduate curriculums tend to only touch upon open bite treatment in the deciduous or mixed dentition whereas treatment in the permanent dentition and surgical options are usually topics for the qualified, specialist clinician. For these practitioners, this textbook would be a valuable and enjoyable read.

J. MORRISON