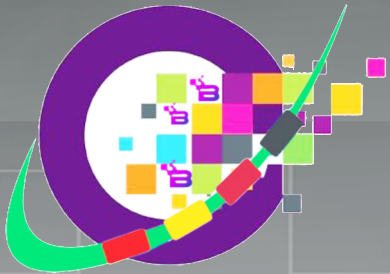


ios Times

November 2020 | Volume 25 | Issue 12

The Official News Letter of Indian Orthodontic Society



ORTHOBYTE 2020

ORTHOBYTE 2020

3rd to 6th December 2020



All Devices lead to IOS Web Conference 2020

1st Virtual Conference of Indian Orthodontic Society

www.orthobyte2020.com

President's Message

Respected IOS members,

Just when life was slowly returning to normalcy, we are faced with a second wave of Covid, due to the onset of winter, lockdown fatigue, reinfection, complacency on precautions and hopes on a vaccine to root away COVID 19. Our fight against novel coronavirus has to be a unified, community-driven effort and we haven't reached the time when we can take matters lightly. While lockdowns may not be a permanent solution, we must remember that many cities can still peak and experience COVID resurgence waves in the coming months. Hence, we should continue to respect guidelines regarding COVID-19 precautions and not let our guard down to resume a COVID-free life as soon as possible.

In the month of November the popular lecture series Ortho Illuminati had excellent lectures by Prof Mithran Goonawardene from Australia and Prof Johnson Cheng from Taiwan, culminating the series which had become popular and as the curtains came down on it, I thank Dr Sanjay Labh, Dr Sridevi P, Dr Divaroop Rai and all associated with the event for their contributions towards the grand success of the event.

Another good news is that the Registrar of Societies has issued a Government order recognizing the general body meeting conducted virtually for the year 2019-20, by societies registered under society registration act of Tamil Nadu, thereby recognizing/validating the EOGM held in August 2020 and the resolutions passed in the meeting.

The Organisers of first ever Virtual Conference “Orthobyte 2020” have been working very hard to showcase the mega event, leaving no stones unturned and finalizing the nittygritties to provide a seamless streaming of the event and provide a never seen before experience! The scientific content has been planned with utmost care, keeping the aspirations of the members and contemporary themes. Added attraction will be the Quiz Competition and Cultural event both by professionals and talented members of our society. The idea is to give a near conference like experience at the comfort of your devices and convenience.

The month of December will be exciting as we are in a process of planning the academic calendar for the year 2021, as we bid adieu to an eventful 2020, which taught us many a thing and changed our lives, with new lessons learnt. Let's reflect on the eventful year gone by and hope and pray that the New Year will bring us back to normalcy, happiness and prosperity.

Till then stay cheerful and stay hopeful,

Jai IOS
Jai Hind

Dr Silju Mathew

President IOS



Hon. Secretary's Message



Respected members of the IOS,

The month of November has been pleasantly consistent with quite a few Study group events and Illuminati lectures. The IOS head office has started functioning in its new premises on New no.8/51 a, Old no.2/112 Mount Poonamalle Road, Iyyappanthangal Chennai 56.

As this very unique and challenging year 2020 approaches its conclusion, the Indian Orthodontic Society has by no means rolled up the 2020 calendar. In fact we are rolling up our sleeves for the biggest event of this year looms large.

Orthobyte 2020 is just around the corner on 3-6th December and this is a unique event in many ways. It is the first major IOS web conclave with an impressive lineup of international and national speakers and offering an immense platform for several Life member and student presentations. The Fresher's conclave, the quiz, panel discussions and the special cultural evenings planned leave no stone unturned to add zing and panache to this historic event in the IOS calendar.

Orthobyte 2020 is also unique because it is a Head office event exclusively organized by the Executive committee. EC members in various committees have been working around the clock to make this mega event a reality. Do make it a point to join us and contribute to the success of this landmark event.

On a more somber note, we are sorry to note the sad demise of one of our senior members Dr. Rashmiraj Karjodkar. The IOS offers its condolences to the bereaved family.

Do take care and hope to see you soon on the 3D virtual Orthobyte Platform. All devices lead to Orthobyte 2020 between 3rd to 6th December!

Yours in IOS service,

Jai Hind,Jai IOS

Sridevi Padmanabhan

Hon.Secretary,IOS

Editor's Message

Dear Members of the IOS,

Hope you are staying safe, healthy and happy.

We are glad to present you the November Issue of IOSTIMES, which falls as the 12th issue during our tenure. We are glad to complete a year as the Editorial Team of Indian Orthodontic Society. We are proud that the popularity of IOSTIMES had gained great heights and our viewership had tremendously increased in this one year. We have members of various global Orthodontic societies, eagerly following IOSTIMES. The reach has extended even to common man via social media and thus we are able to spread public awareness on Orthodontics via our monthlies.

The November 2020 issue encompasses all our Head office programs and study group activities. Orthobyte 2020 is due in another 3 days, i.e. on 3rd to 6th of November 2020. Orthobyte is the 1st virtual conference of Indian Orthodontic Society and is being planned for grandeur and elaborate scientific content. IOSTIMES presents you the star invited speakers of the conference in this issue.

Through this issue, we planned to motivate and orient our members to pursue Diplomat status from Indian Board of Orthodontics. Our editorial team approached IBO office bearers and requested them to present a motivational article on pursuing IBO. The IBO leaders collectively contributed an excellent article, which serves as a guideline beyond inspiration and motivation for IBO aspirants. It is a must read for all members who seek direction and orientation towards IBO.

Past 3 years had witnessed a global paradigm shift into the technology and science of aligners as an integral part of corrective Orthodontics. The inevitable COVID pandemic of 2020, rose the popularity of aligners, considering the minimal orthodontic office visits and limited virtual follow-ups. Our editorial team identified 5 of our members who are extensively practicing aligners for a long while and gathered adequate experience and knowledge. We asked them to share their views and concepts towards Aligner Orthodontics in this issue. We believe that this article would be an eye-opener for many Orthodontists who are just stepping into or yet to step into Aligners. As common man is also following IOSTimes, we requested these aligner experts to share their views as to create awareness to common man. Their contribution turned out to be an informative article and we are happy to present it, in this issue.

Let me sign out here, as there are a big list of responsibilities for our team for Orthobyte 2020. Till then Stay safe and Take Care. We shall connect back shortly in 3 days via Orthobyte 2020.

Jai Hind, Jai IOS

Dr.M.S.Kannan

Editor, IOS Times



ORTHO ILLUMINATI 2.0

Season Two, November Actions

Reported By **Dr Swati Acharya**



INDIAN
ORTHODONTIC
SOCIETY



ORTHO ILLUMINATI 2.0

INTERNATIONAL WEBINAR SERIES

7th November 2020, 7.00 pm IST



Dr. Mithran Goonewardene
Australia

SURGERY FIRST APPROACH

The big hit of Ortho Illuminati 1.0 series, drove the academic committee of Indian Orthodontic Society to organize the Season 2 with greater fanfare and knowledge to be shared

This Season 2 of Ortho Illuminati spans, for November was no less on action, science and knowledge

Scientific committee of Indian Orthodontic Society had invited

- Dr Mithran Goonewardene, Australia &
- Dr Johnson Cheng, Taiwan

to share their expertise and knowledge among members of IOS through Ortho Illuminati Series.

- The 2 lectures orated for November showed a fabulous response and attendance from 1000 plus of our Life members and Student Members

IOS "Ortho Illuminati 2.0" the International Webinar Series Lecture No 4:

Prof. Dr. Mithran Goonewardene,
Western Australia University, Perth, Australia
Orated on : "Surgery First Approach"
7th November 2020

It was an excellent lecture on "Surgery First Approach" in the management of skeletal malocclusions by Prof Mithran Goonewardene, Western Australia University, Perth, Australia. Dr Mithran lightened our members on blending 3D technology in prediction, treatment planning, precision surgical procedures and orthodontic finishing.

Thanks to Dr Sanjay Labh, Dr Sridevi Padmanabhan and

Dr Divyaroop Rai for all the support and efforts. Special thanks to Prof Dr O P Karbhanda for moderating the program as a chief panelist.



Contemporary Challenges in Treatment Planning with a Surgery First Approach

Mithran Goonewardene
The University of Western Australia





Goals

- Advance maxilla to Class II dental
- Address asymmetry
- Enhance chin projection
- Distal Drive Upper arch and
- Procline and expand lower teeth
- ALIGN

Treatment

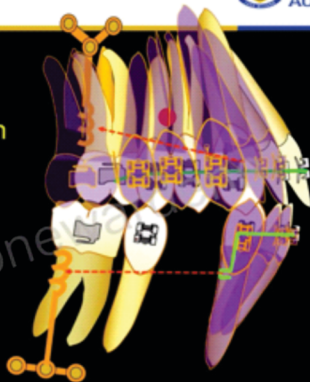
- Banding and passive wires
- Maxillary advancement, levelling with 2 pce expansion
- Mandibular rotation and advance chin
- Align and procline/expand lower teeth
- Finishing elastics



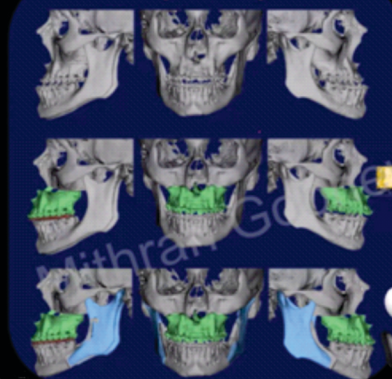
Computer assisted surgical simulation(CASS)



- Upper Arch retraction
- Lower arch controlled tipping and retraction



Surgical Planning



Fabrication of occlusal splint

Intermediate splint

Final splint



IOS Ortho Illuminati 2.0

The International Webinar Series Lecture No 5: Season Two, November Actions

Prof.Dr. Johnson Cheng

Taipei University, Taiwan.
Orated on : "Smile Esthetics"
21st November 2020

Prof Johnson Cheng, Taipei University, Taiwan gave shared his knowledge and experience understanding the dynamics of smile design and esthetic perceptions in Orthodontics. His expertise and understanding of Smile esthetics from the 3rd dimension and un explored facets was an eyeopener for our members.

Thanks to Dr Sanjay Labh, Dr Sridevi Padmanabhan and Dr Divyaroop Rai for all their efforts. Special thanks to Dr Kavitha Baradwaj for the melodious rendition of invocation and Prof Dr O P Karbhanda for moderating the program again as the key panelist.



INDIAN
ORTHODONTIC
SOCIETY



ORTHO ILLUMINATI 2.0

INTERNATIONAL WEBINAR SERIES

21st November 2020, 7.00 pm IST



Dr. Johnson Cheng

Taiwan

SMILE ESTHETICS:
CLINICAL APPLICATION



Indian Orthodontic Society
www.iosweb.net

Certificate of Appreciation

Presented to
Dr. Johnson Cheng
for having delivered a Guest Lecture on
Smile Esthetics: Clinical Application
in **ORTHO ILLUMINATI 2.0**
on 21st November 2020.

Dr. Siju Mathew
President

Dr. Sridevi Padmanabhan
Hon. Secretary

SMILE 2020



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Indian Board of Orthodontics conducted the first ever online Phase II exam

Reported By **Dr Swati Acharya**

The Indian Board of Orthodontics conducted the first ever online Phase II exam this November 2020 in 24 centres spread across the length and breadth of the country, with strict compliance to fair practice measures and COVID 19 prevention protocols. This was possible due to the numerous meetings, meticulous planning and untiring efforts put up by the Board of Directors under the able leadership of Chairman Dr. Ketan Vakil along with the team members of the online exam conducting authority NSE IT who ensured a highly professional and smooth conduct of the exam. Candidates had the comfort of appearing for the exam in their own or nearby city, that proved to be extremely cost and time effective and convenient. This resulted in a record attendance of 332 candidates this year, which has been the highest number ever for a Phase II examination.

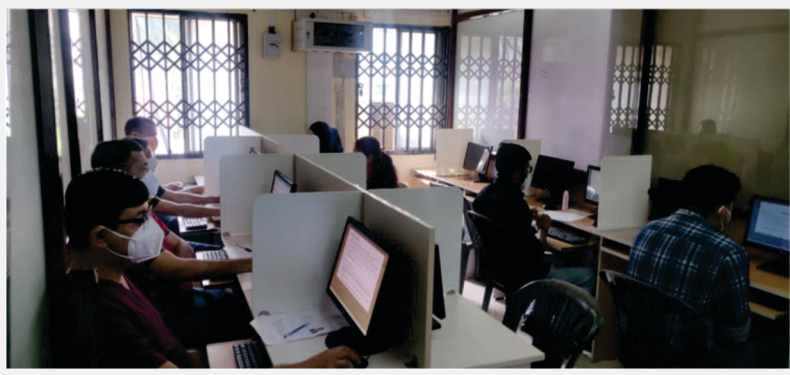
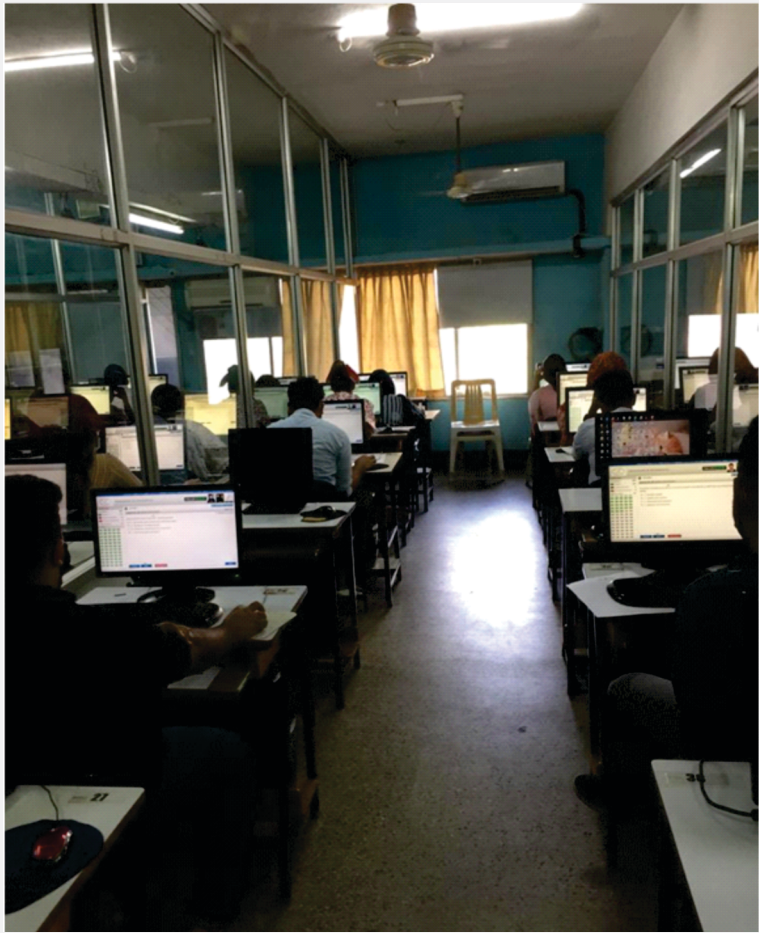


Dr Ashwin George Reported as,

"The IBO phase II examinations were for the first time in an online format. These exams are usually conducted once a year during the IOS annual conference. Some positives out of the COVID , was the decision to conduct it as an Online exams in 25 cities all over the country. This provided an opportunity for candidates to take their exams from their home city without the burden of travelling long distances. We had 332 candidates appearing from all over the country and has been successful venture."

20th November 2020





Study Group Activity

PUNE ORTHODONTIC STUDY GROUP

WEBINAR ON 06-11-2020

Reported By **Section Editor, DrSandeep Singh**



Pune Orthodontic Study Group
Presents



BONE ANCHORED MAXILLARY PROTRACTION

GUEST SPEAKER



Dr. Siddharth Shetty

Professor

Dept. of Orthodontics and Dentofacial Orthopedics,
Manipal College of Dental Sciences, Mangalore.

Dr. Shetty completed his MDS in 2002 from the Dept. of Orthodontics, Manipal College of Dental Sciences, Mangalore. He has been engaged in PG Teaching and maintains a private practice limited to Orthodontics, both for 17 years.

His area of interest is the **use of skeletal anchorage.**

He has been an invited **speaker** at **five IOS conferences** and has spoken on Biomechanics for efficient Micro-implant assisted retraction.

He has been awarded the **2nd place** for **competitive paper** in the clinical category presented at IOC, Ahmedabad.

Date

06th NOVEMBER 2020

Time

07.00 p.m. to 8.30 p.m

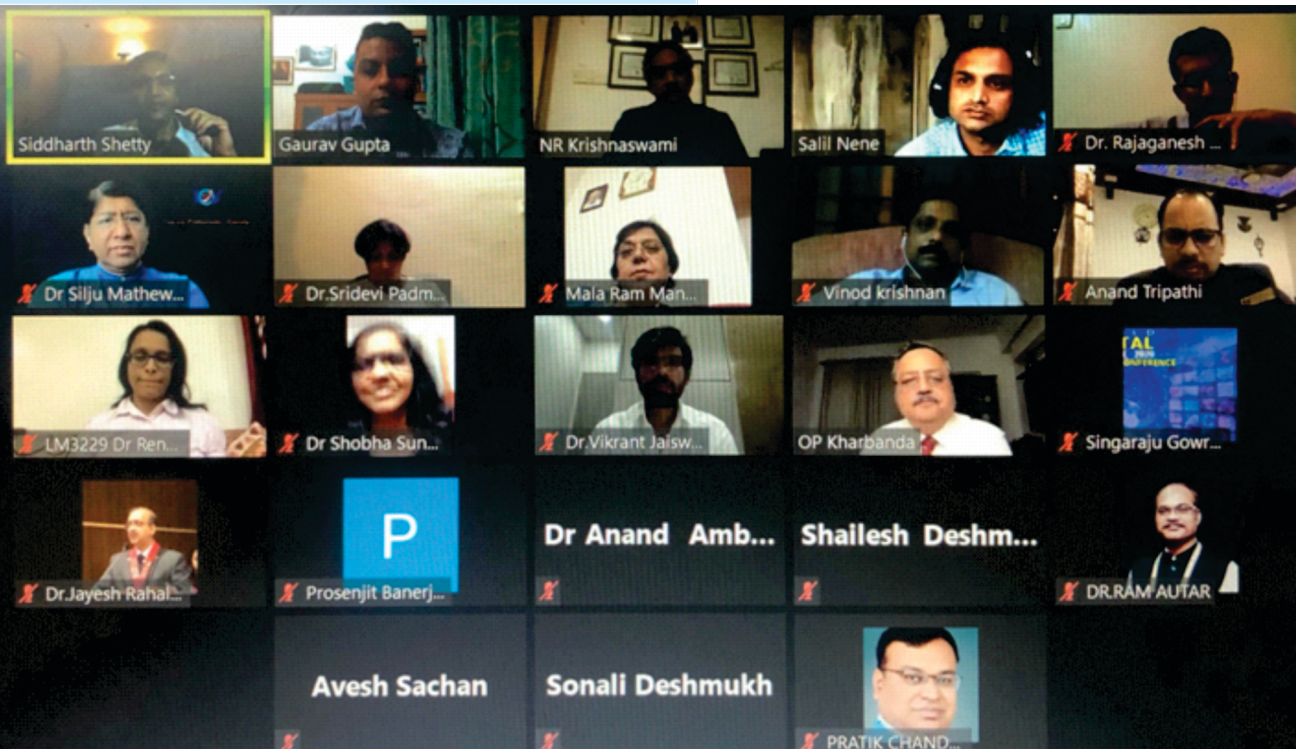
Venue : ZOOM Virtual Platform

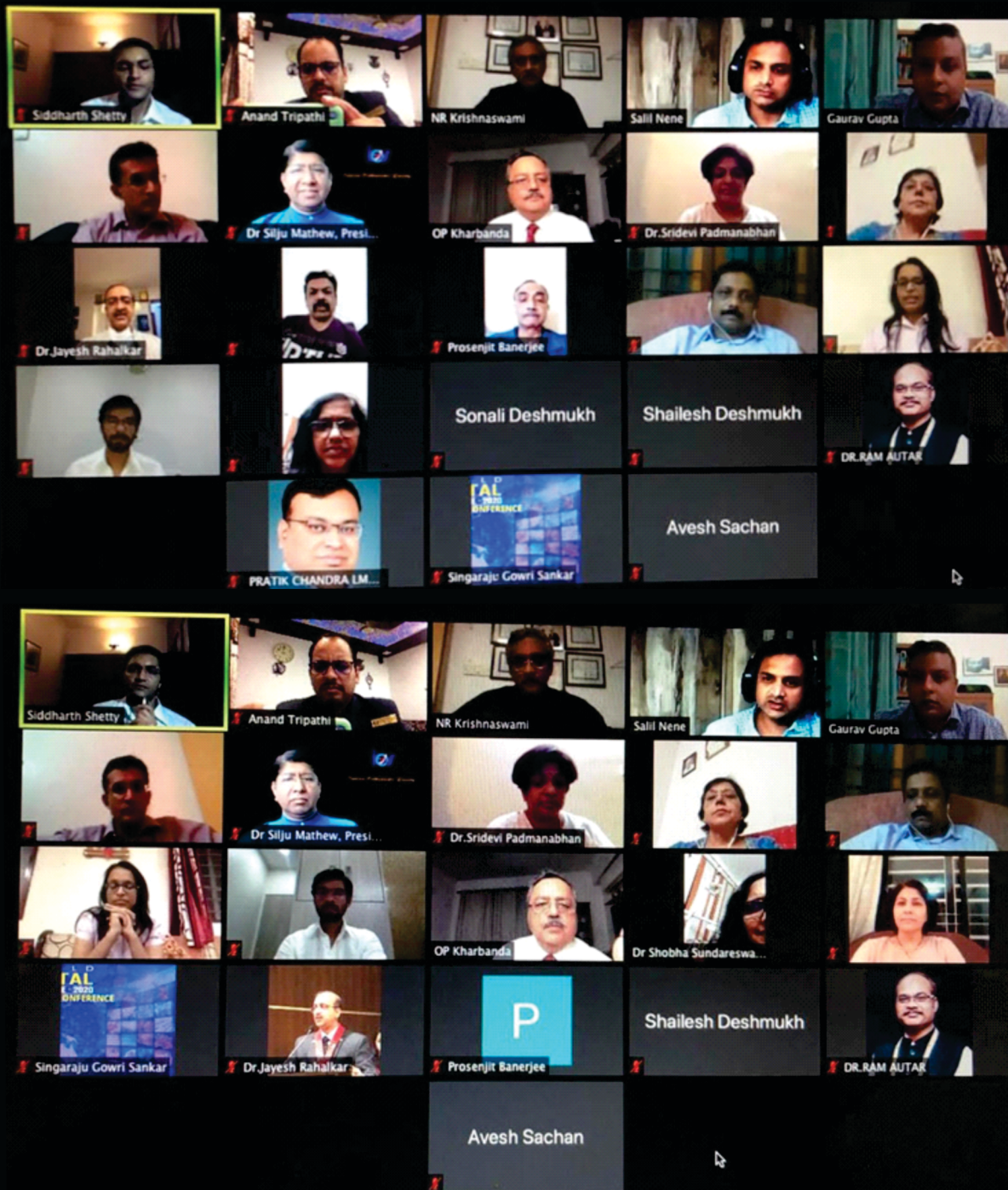
In these extraordinary times upholding the tradition of conducting good scientific sessions, the Pune Orthodontic Study Group is happy to report that a webinar was organised on the 6th of November on a very new topic of Bone Anchored Maxillary protraction by Dr Siddharth Shetty, Professor of Orthodontics at Manipal College of Dental Sciences, Mangalore. Dr Shetty gave an excellent presentation which was very well balanced with evidence and clinical cases.

The webinar was well attended with over 300 delegates from all over the country. The webinar began with a welcome message by Dr Gaurav Gupta (Convenor POSG) who welcomed all the delegates which included DrSilju Mathew, President of the IOS, DrSrideviPadmanabhan Hon Secretary of the IOS, and many senior members of IOS. POSG is thankful to all for their esteemed presence.

At the end of the program Dr NR Krishnaswamy, Dr OP Kharbada, Dr Shobha S and Dr Jayesh Rahalkar shared their own experience with bone anchored maxillary protraction procedure. Pune Orthodontic Study group is thankful to them for their valuable inputs and guidance. The webinar was concluded by words of Encouragement to all the delegates from Dr Silju Mathew and Dr Sridevi Padmanabhan. As we live in these unprecedented times, webinars have become the trend. Scientific sessions, training and learning continue, helping us all learn and implement something new in our clinical practice. So, let the learning continue and as they say, the show must go on.

JaiHind, Jai IOS





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Orthodontic Aligner Current Trends and Future

Aligner technology in corrective orthodontics is getting popular day by day around the world. Aligners had evolved with science and technology. Digital Orthodontics in form of Aligners had expanded its scope and widen its envelope in correcting a greater range of Malocclusions.

Some of our members had adopted this paradigm shift towards Aligners.

This interview from such IOS members gives an understanding and clarity on where exactly does Aligner technology stand in our Orthodontic system and practice.

Dr Kavitha Iyer, Section Editor



Dr Dhiraj Kumar Shetty MDS,
Dr Dhiraj's Dental & Invisible Braces Clinic , Mangalore

It was in year 2015 , when I set up my In-house Aligner fabrication system at my office. Since then I have observed a phenomenal increase in number of adults opting for orthodontic treatment. The concept and freedom with Aligners was the key for their motivation.

In these 5 years I had observed that clear Aligners could align teeth just as fixed braces do. I barely noticed the supposed limitation of Aligners over the complexity of malocclusion. The boundaries of Aligner correction are as wide as fixed appliance. Oral hygiene maintenance is a remarkable advantage over fixed appliances. Patients find it easy, as one has to simply remove the aligner to brush the teeth and floss. The great nuisance of white spots and marginal chronic gingivitis vanished absolutely in Aligner Orthodontics

Patients who live abroad or from distant location visit us once in 3 to 6 months for their reviews. With the prevailing COVID pandemic, my reviews had become virtual and I am able to comfortably analyze and review Aligner treatment progress via Online. Infact, with a perfect planning and fabrication of Aligners and its delivery, the follow-ups and reviews have no great activity. Except, it is important to check out for broken attachments/ clingers and thus has to be replaced. It's also important to ensure adequate to apt space by passing a floss during these follow up appointments to check on proper tracking of Aligners. I personally customize teeth movements using the Aligner software depending on the periodontal condition and age of the patient. Normally 0.25 mm teeth movement is programmed per Aligner which is changed once in 10 to 15 days

Now the common question most people ask...

Can the end finish of Aligner therapy is comparable to or even better than a fixed appliance finish?

The answer to this question is both YES and NO.. All depends on who the Operator is? The finish will be better if the start is good, it all starts from good and compliant patient, accurate diagnosis and treatment planning by the orthodontist, selecting a good Aligner lab, knowledge of biomechanics of tooth movement in Aligner orthodontics, choice of accurate attachments, staging of tooth movement, precision 3D printing ,choice of Aligner sheet , , IPR, follow up protocols , etc. , That's the reason I take personal interest in each and every case that comes to our Aligner lab. 70 to 80 percent of moderate to severe malocclusions require refinement/reboot Aligners for a good finish. Sometimes we might require accessories like buttons and elastics, which cannot be skipped or by passed.

Education and trainings on Aligners is the key for success. Ironically the current Orthodontic syllabus and curriculum in college education doesn't cover aligner science and technology. So a fresher pursuing Aligners need to read Aligner related books and accumulate knowledge from articles published in reputed journals. This opens up the mental barrier and shall infuse confidence. Attending workshops to get a hands-on feel will definitely contribute to better finish with Aligners I personally don't see any limitations or downfalls provided we communicate well with patients and make sure patient wears the Aligners as recommended, Of course patient should not be allergic to plastics,

Enough over correction and over-engineering should be planned in the software tooth movement, Operator should be mentally prepared for refinement / reboot stage and the same should be discussed with the patient during the initial consultation. There is no good/bad lab or Aligner system there is only good or bad orthodontist or technician doing the software setup. One must understand that there are 2 types of labs, One is directly giving software controls to the orthodontist so that he/she can plan staging and treatment progression as per his experience or knowledge, here the lab only prints/fabricates Aligners to ship it to your office,

Second type of laboratories are those where the software and planning controls are with the orthodontist / technician who is either the owner or employee of the lab , in these labs you can either ask them to customize your teeth movements depending on the degree of knowledge or experience you have or else you have to depend on their knowledge / experience for your patients treatment and results. In these kind of labs, the expert designing the software setup, is the most important person. So if you are a beginner you need to find out and make sure that person behind the planning is knowledgeable enough and posse's adequate expertise

In future each and every orthodontic clinic should have in-house Aligner setup. This is the only way to bring the cost down and have better control over the treatment. Days aren't far for Dental Scanners & 3D printers to turn economical and affordable. Digital orthodontics will overshadow the present trend. Shape memory Aligners probably without attachments/ clingers might be on its way until a better technology overshadows, "To change is difficult but not to change is fatal ", One should understand there is always a learning curve, Those who welcome change and embrace it will see a brighter light.

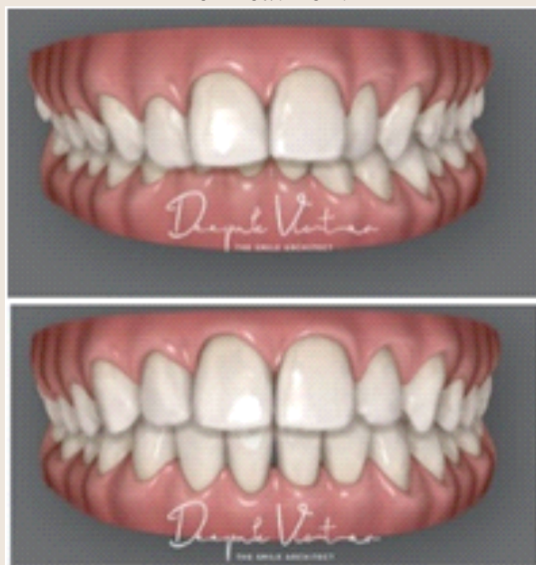
Dr. Deepak Victor, MDS

Consultant Orthodontist, Chennai and Middle East.

An Orthodontist moves teeth into their respective ideal positions with specialized appliances so that a functionally as well as esthetically stable occlusion is achieved. The severity of the malocclusion determines the complexity of procedure as well as the duration of the treatment. The type of appliance used is at the discretion of orthodontist who has been extensively trained for these kinds of scenario during his training period. Having said this I must put in a word regarding the advances happening in the field of orthodontics in recent times. A good orthodontist will always keep his clinical acumen sharp by getting himself trained in all the advances & newer technologies time to time.



Pre Treatment



Post Treatment

With regards to the comparison of efficiency of aligners Vs braces, in my opinion, most patients give priority to the doctor and not particularly with the type of treatment- aligner or braces. For a patient it's the doctor who treats his or her issue and not an aligner or braces. They also have the faith and confidence in the technique used and the expertise of the doctor to correct the issue. Having said this, I would like to make a personal statement. If a bracket having a in built prescription, fixed on a morphologically variable tooth surface with a single point of contact & having a possible operator variation on placement could express its tip and torque values, then why should we even doubt about the capability of a digitally derived perfectly fitting aligner which covers the entire tooth crown surface on expressing its prescription for compliant patient. So, if you can treat a malocclusion with braces then it is 100% possible for you to do it with aligner too. It's your skill that matters.

Aligners can do multiple tooth movements at a time while braces move teeth in stages. Hence on a case to case comparison, aligners are faster than braces. So definitely your treatment duration will be shorter and you can also treat any type of transverse, sagittal or vertical dental issues effectively and efficiently with aligners. The only point as a doctor you should look into aligner treatment is patient compliance. Aligners work only if the patient wears them 22 hrs per day and follow the instructions given. So make sure the patient is highly motivated when they commit for aligners. Does this mean that braces are inferior to aligners? Let me put this in a different perspective. We are all familiar with the latest advancement on electric cars. These cars are self-driven, can be controlled remotely and very fuel efficient as well. But do you think even if a person doesn't know how to drive, he still can use an electric car? Just like electric cars aligners are advanced form of our good old braces. The concept of biomechanics and treatment planning for aligners and braces remain the same. So unless you learn the basics in orthodontics, whether its braces or aligners, you can't be a successful.



Dr. Angshuman, MDS

Full time consultant in Mission Smile Dental Centre, Kolkata

Fixed braces to no braces...

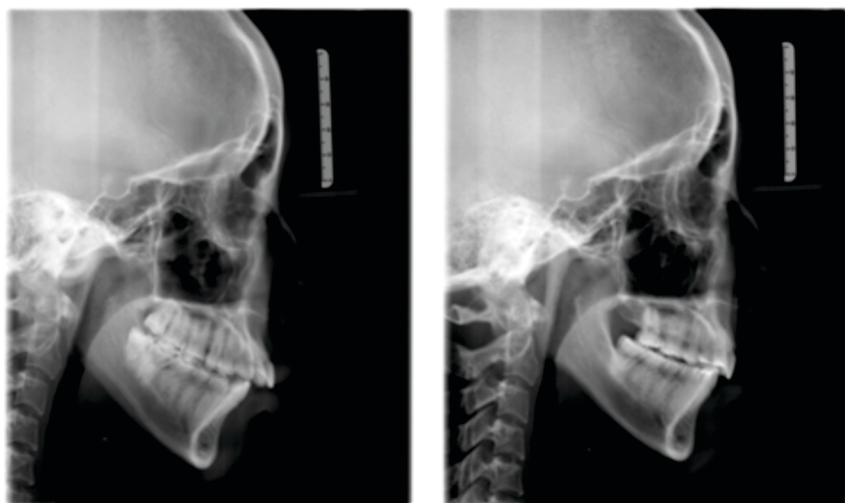
From fixed braces to no braces, we have come a long way in the specialization of Orthodontics and Dentofacial Orthopedics. Continuous research and clinical studies lead to paradigmshifts which gradually with more evidence and research get established into a whole new treatment concept. If you ask me to name the one big change in Orthodontics in the last hundred years then it would be clear aligners. Wires and brackets have been partially replaced by medical grade plastic aligners today.

As a clear alternative to fixed braces, aligners come with the perk of invisibility, better hygiene, lesser appointments and faster results. Today the range of orthodontic corrections with aligners is an ever expanding envelope. Needless to say that certain tooth movements are better accomplished with aligners than with braces; open bite correction, intrusion and individual tooth distalisation being some examples. Applying the principles of staging the tooth movement, we can better control anchorage with clear aligner system and even avoid usage of TADs or micro implants in many situations. Orthodontists can now use the 3D control tools in the software to fine tune the tooth movements and refine the final occlusal finish. Just like every appliance system, clear

aligners also have its own drawbacks. But these limitations are gradually being overcome by the clinician with his experience of tracking and expression of tooth movement. Just like in an Orthodontic wire when you give an accentuated curve to level the bite and from clinical experience, the operator knows how much of it will track into actual tooth movement, bending plastics to move teeth also requires clinical experience and understanding of the tracking percentage. This enables the clinician to incorporate extra bends or deformations in the plastic as over compensations. One must acknowledge that plastics don't move teeth, it is the mindful planning of the Orthodontist which actually does. From the innumerable options

of Clear Aligner Systems the clinician needs to curate the right product and I hope the doctor makes the right choice based on his experience, evaluating the freedom of usage of the 3D tools and also surveying the right quality of the medical grade plastic in terms of its elasticity, resilience and other characteristics.

Affordability of any kind of orthodontic treatment in private practice is an issue for certain socio-economic strata. However, as the product becomes more popular, prices would be more competitive in the future. Clear aligner is already a widely accepted and well established treatment modality for patients in India and across the globe. In the coming years more and more patients will definitely opt for this clear alternative form of orthodontic treatment. It goes without saying that more patients would opt out of fixed braces treatment and this is inevitable. Wisdom lies in accepting the reality and embracing the technology. Future holds promise for those who adapt.



Pre Lateral Cephalogram

Post Lateral Cephalogram

Dr Arun Nayak MDS

Private practice at Fort, Mumbai.

With recent progress in technology, aligners today, can create predictable, stable and results comparable to fixed braces in pre teens, teens and adults. This has been validated by rapidly evolving scientific evidence.

It is a myth that aligners are used only for minor tooth corrections. Unlike fixed braces, aligner plastic can grip and nudge the tooth on all available surfaces giving better three-dimensional control, optimized forces in terms of magnitude, direction and point of application; minimizing round tripping and improving efficiency.

Ideally, even fairly complex tooth movements may be accomplished and side-effects minimized with judicious planning. Aligners are particularly useful in open bites, crowding, spacing, narrow arches. Being essentially posterior intrusive, aligner treatments involving extensive root tipping and torquing, deep bites and extruding posterior teeth may sometimes be unpredictable. Aligners are useful for adjunctive orthodontic treatment.

Each aligner is designed to move the teeth a maximum of about 0.25 to 0.3 mm over a period of 7-14 days, and is worn in a specific sequence for 20-22 hours per day. (1,2,3). The patient needs to remove them while eating and brushing. This helps in better oral hygiene and keeping the supporting tissues healthy. Aligners can be recommended for patients at high risk of developing gingivitis and periodontitis. (4,5). With excellent esthetics, comfort, fewer chairside appointments and possibility of virtual monitoring, it's convenient for most classes of patients. The overall treatment time with an aligner system compared to conventional braces is more or less the same. There are 2 major limitations of aligners. Dependence on patient compliance and treatment costs. Meticulous treatment planning which is then delivered to the teeth enabled by excellent patient compliance can result in predictable success. Orthodontists need to constantly work on marketing and investing on updating themselves with this rapidly developing technology. This along with the production costs leads to higher treatment fees to the patient. Companies have been aggressively marketing aligners to patients leading to better awareness thereby creating a market for an expensive product. Aligner practices due to logistic and economic constraints do not have a pan-India presence, yet. This also makes Orthodontists, who have been extremely successful with their current form of practice, hesitant to adopt this as a treatment option. However, it will emerge through the trials and tribulations of the learning curve and emerge as a mainstay of the Indian Orthodontists armamentarium in the near future.



Pre treatment



Post treatment

Prof. Dr K V Sujan Kumar MDS

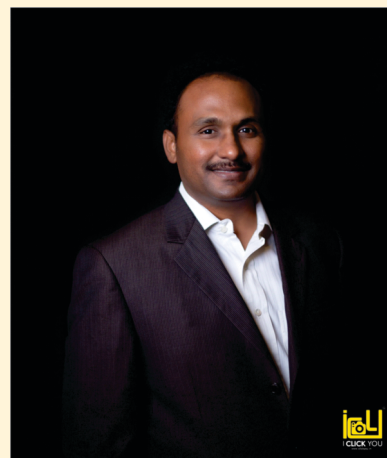
MNR Dental College and Hospital Sangareddy, Telangana.
Sai Yashoda Dental Clinic & Braceline Orthodontics, Madinaguda & Gachibowli ,
Hyderabad

All glory comes from daring to begin
Eugene Fitch Ware

The reach of technological innovations continues to grow, changing all industries as it evolves. Technology should help us reduce our work, create ease at diagnosis, treatment planning, optimize systems, reduce human error, help in improving treatment outcome and help both patients and clinicians at the same time. When compared to other fields like aeronautics, automotives, IT, even medicine, dentistry appears to be a tad late in adopting technology on a widespread basis, may be CAD CAM or AI. If other industries have adopted latest technologies, why are we behind? Where does our profession stand and where are we going? Our education system didn't have syllabus designed in that aspect as well as we are confined in what we call as 'comfort zone'. New age graduates are adopting technology to think 'out of the box' and apply the same in dentistry and in our context Orthodontics. As Dr Vaid mentions, Aligners can definitely be called as 'The Emperor's New Clothes'. Now it is up to the Orthodontists to decide whether to embrace the technology, accept the paradigm shift or be 'the late comers' of the profession. Though not much meta analysis exists on Aligners, considering the hierarchy of research methodology, many users and companies have published successful outcome of aligner therapy and we would be interested in the former. As Dr Sandra Tai mentions 'it is important to understand that clear aligner treatment is a technique, not a product', who else but an Orthodontist will be a master in aligners. However rapid technology may advance, science of CAD CAM may improve, AI be bettered, without the inputs of 'US', Orthodontists, with his sound knowledge in biomechanics, understanding of biological limitations, simulating tooth movements in our minds, can dictate software's what is to be done. Fixed appliances give us the flexibility of planning, execution and also the power to correct treatment in all the three planes of space, similarly aligners too give us the flexibility. Most importantly aligners can show us the end result, simulating movements to anticipate, warns us what to expect and how to be prepared for challenges. The appliance is still novice with only a handful of clinical experts, so it's time to learn from their mistakes, read the available literature, apply standard orthodontic principles and start aligner cases.

Cases treated with aligners shows us that teeth can be moved in all three planes of space, with some movements easier and some difficult. In contrast to fixed appliances, intrusion, distalisation are easier than extrusion, but ultimately planning will help us to position teeth in their ideal positions. Though some problems in finishing are expected, like open bite in posteriors due to prolonged use of aligners, residual spaces or spaces opening up, these can be counteracted by measures such as cutting of the portion distal to canines allowing settling of occlusion, incorporating C chain effect to prevent opening of spaces etc. Hands on experience while doing cases will allow the orthodontist in us to innovate. The biggest problem still is patient compliance, we have come a full circle. (removable-fixed-removable) Biomechanically fixed appliances move teeth by PUSH and PULL, while aligners only PUSH. Additional elements like TAD's, Fixed Functional, Expanders, etc are used in fixed appliances, while some of them can be used with aligners too. Though the debate of whether or not to use attachments still exists, experience tells us that attachments not only helps in applying forces but also aid in retention. Furthermore, the aligners themselves can be deformed to apply necessary forces by special pliers making almost all types of treatments possible.

Incorporating aligners into our practice will open the option for a plethora of patients who otherwise wouldn't have opted for orthodontic treatment due to their own social or psychological reasons. Current options of aligners might be bit expensive when compared to orthodontic treatment with traditional braces, but advances in technology, competitions amongst companies, local manufacturers will aid in reductions of prices. We all know that Taj mahal wouldn't have been as beautiful as it is, if costs and budget was considered when it was built. Innovation, comfort, technology all comes with a price. It is us, who has to leverage and use to our advantage. With a greater number of cases being treated, more knowledge with respect to biomechanics is available to learn, unlearn and relearn. In spite of all the advances and advantages of aligners, fixed appliance is still the gold standard and will continue to be so. How orthodontics will be seen in another 20 or 50 years, future has to decide. With companies approaching patients directly with DIY products, who but an orthodontist is the best to use aligners as a modality of treatment. It's time to join the wagon and who ever jumps in first is at an advantage. Always remember 'there is never a patient for an appliance but always an appliance for a patient', aligners also should find a place in the armamentarium of every orthodontist along with the range of fixed appliances as they strike a fine balance between patient convenience and quality of treatment results.





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IBO – A commitment to the highest standards of Orthodontic Care

IOSTIMES editorial committee requested the Directors of Indian Board of Orthodontics (IBO) to address IOS members through this article, as to orient and motivate IOS members to pursue IBO. This coverage would be an excellent insight towards IBO. A must read for members who are in pursuit to excel themselves as an IBO Diplomat.

Section Editor, Dr Kavitha Iyer



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Indian Board of Orthodontics (IBO) – The Creation, Mission and Vision

The Indian Orthodontic Society (IOS) has always endeavoured to foster excellence amongst its members thereby enhancing the quality of orthodontic care rendered to the public at large. An initiative to this end, the Indian Board of Orthodontics (IBO) was founded in the year 1998 towards promoting the highest standards of clinical orthodontic care in India. The Indian Board of Orthodontics is the first speciality board to be constituted among the dental specialities in India.

At the 25th Annual General Body Meeting (AGM) of the Indian Orthodontic Society at Mumbai in 1990, a formal proposal with guiding principles to set up an autonomous, independent specialty Board was made by the executive committee, which was unanimously accepted by the members at the AGM. In this regard Dr. Dale B. Wade's (past president ABO) inputs and support were very helpful for the initiation of the Board. The constitution of the Board was presented to the AGM of the IOS in 1998 at Manipal, and was accepted. The Indian Board of Orthodontics was thus created under the aegis of the Indian Orthodontic Society, but functions as an autonomous body with its own constitution and management.

The objectives of the Indian Board of Orthodontics are

- To stimulate the spirit of self-improvement amongst teachers, practitioners and students of orthodontics.
- To encourage continued professional review, elevation of standards of education and treatment in orthodontics throughout one's professional career.

The Board was established on the premise that it would examine applicants and if found proficient, the Board would issue a certificate of excellence to those who meet the standards established by the Board. The management of the Board is carried out by five directors who are elected from amongst the diplomates and who also function as the panel of examiners for the board certification examination. The Chairman of the Board is an ex officio member of the Executive Committee of the IOS, while the President IOS and Secretary IOS are ex officio members of the Board. This allows for a better understanding of the needs between the two bodies.

The Board certification exam is conducted once a year and is a three-phase process, namely:

PHASE – I Application

PHASE - II Written Examination

PHASE - III Clinical Examination

A 'Board Applicant' is a candidate whose advanced orthodontic education credentials are verified, constituting Phase I of the certification process. Phase II is a written examination wherein the candidate's knowledge of basic sciences and clinical orthodontics is evaluated in a multiple-choice questions-based assessment. This is a criterion referenced test designed to measure the candidate's performance against a fixed set of learning standards as would be completed in an advanced orthodontic education program. Phase III is a comprehensive evaluation of the case reports of 5 actual patient treatments of specified categories, treated by the candidate himself/herself followed by an oral examination. On successful completion of these case report presentations and the oral examination the candidate shall be qualified as a "Diplomate of the Indian Board of Orthodontics" and be designated "Board Certified".

Case reports of patients treated by the candidate during the candidate's tenure as a student in an advanced education program in orthodontics cannot be used to satisfy the Phase III clinical examination requirements.

The following are the five specific case categories as required by the Indian Board Orthodontics for the Phase III examination.

- **Case Category 1**

Selected clinical case depicting crowding more than 5 mm, managed by extraction of one tooth from each quadrant (preferably first premolars). Case with bimaxillary protrusion cannot be shown in this category.

- **Case Category 2**

Selected clinical case with angle ANB of more than 5 degrees. Treatment for the case should exhibit efforts taken to correct the sagittal discrepancy non surgically (with orthopaedic & orthodontic treatment).

- **Case Category 3**

Transverse discrepancy with unilateral or bilateral complete crossbite or vertical discrepancy with FMA greater than 35° or less than 20°.

- **Case Category 4 and 5**

Selected cases (two) of the candidate's choice with a very high degree of difficulty.

The Board is in the process of formulating its own aesthetic and occlusal index to assess the degree of difficulty of a case

based on the prevalent malocclusions commonly seen among our ethnic population. This would help in standardization of the evaluation process especially in case categories 4 and 5.

- At least one case of the above five should be a case where all four first premolar extractions were done as a part of the treatment plan.
- Only one case amongst the above five cases can be a surgical case (treated with orthognathic surgery).

The mission of the Board is to encourage a greater number of orthodontists to take up the exams and prove their excellence in the field of orthodontics, adding to the existing number of 109 certified diplomates of the Board. To maintain dynamics with the changing facets of orthodontic diagnosis, treatment planning and clinical care, there exists a provision for incorporating changes in the certification process by amending the constitutional bylaws at the CDIBO (College of Diplomates of the Indian Board of Orthodontics) meetings held annually.

The Board conducts a minimum of two awareness programs annually for the members of the Indian Orthodontic Society to motivate them & instil in them the confidence & drive to take the Board certification examination as also to clarify the various aspects of the certification process. The Board also conducts a "Diplomate's meet" annually that is purely a clinical meeting. This meeting is a voluntary get together of all the diplomates to share and discuss difficult clinical scenarios that they have treated or those which are under treatment. An attempt is made to encourage discussions about the various aspects of each case. This meeting is a much sought-after session among the diplomates and provides an opportunity to showcase and deliberate clinical acumen among the Board-certified diplomates.

Board certification – A speciality's commitment towards public health

Since the second half of the last century orthodontics has developed into a thriving branch of the health industry and is now provided on a mass scale. The number of orthodontists and the amount of orthodontic treatment provided has grown immensely. Concomitantly the need to monitor and improve the quality of care came to the fore. Assessment of quality by peer review is a method of addressing this concern.

Certification by Board examination is another way of promoting high standards of care. The aim is to improve the professional performance of the individual clinician by careful and extensive evaluation of all aspects of actual patient treatments.

The process of the Board certification process requires the clinician to intensely review one's orthodontic training, temper it with experience garnered over years of clinical

practice, and challenge oneself to put to test his/ her clinical expertise through a display of selected treated cases for peer assessment.

Viewed this way, Board certification is a credential that has committed the clinician to not only deliver the best in terms of clinical care to his patients, but also never to deviate and to always strive to achieve the best in terms of contemporary orthodontic goals.

This when done collectively definitely raises the bar of clinical excellence in the practice of our speciality in our region, country and the world at large.

Board certification in medical specialities in many parts of the world has also slowly moved from being a voluntary initiative to prove excellence and professional achievement to a necessity with higher stakes. For example, Board certification is a highly desired and required credential for hospital privileges in surgical specialities. Similarly, in the health insurance industry, managed care plans distinguish themselves by preferring Board certified doctors for their networks.

For one thing, board certification is no longer as discretionary as it once was. As consumers and payers become increasingly interested in evidence of a clinician's competence and quality of care, board certification, especially in its new manifestations, has growing relevance to that world. Thus, many clinicians really feel that board certification is not optional.

Why should I get IBO certified?

Board certification is a process by which an individual orthodontist is voluntarily examined by his/her peers as to his/her orthodontic knowledge and clinical skills. The passage of the examination process is a demonstration to the dental profession and the general public of the orthodontist's pursuit of the continued proficiency and excellence in orthodontics. A Board-certified orthodontist has reached a distinct level of achievement that goes beyond the state required licensure and thus is a confirmation of an orthodontist's personal commitment to providing lifelong quality patient care.

James Vaden, past President of the ABO, listed the following reasons for putting oneself forward for Board examinations (Vaden, 2000):

- Personal growth as a practising clinician
- Increased self confidence
- An invaluable learning experience
- Improved standards of practice

- Establishes standards and parameters for the profession.

The Indian Board of Orthodontics is the only speciality Board recognised by the Indian Orthodontic Society. The first diet and convocation of the Indian Board of Orthodontics took place in Bangalore in 1999. Since then the IBO has completed 21 diets of examinations and certified 109 Diplomates. The untiring efforts, hard work and thoughtfulness of all the past Chairmen and Directors as also the present team have contributed to the growth and the present stature of the Board, since its inception.

The examination process has evolved into a very fair and open examination that is set to maintain high standards.

Though the IBO examiners regularly calibrate their judgement to be as objective as possible, some subjectivity is unavoidable. On the other hand, perfectly applied and documented clinical procedures, together with smart elegant solutions to complex orthodontic problems effectively show ability and treatment results that can be reliably identified as excellent. It is obvious that candidates select the very best available material, but it is unlikely that the presented cases would be unrepresentative of the professional standard of that clinician and thus it would be correct to conclude that a successful candidate is most likely an excellent clinician. Candidates usually find the examination a tremendous professional challenge and for most of them, after many months of painstaking preparation, it is an enormously rewarding, if a somewhat stressful day. The successful candidates are quite rightly proud of their achievement and we have yet to meet a successful candidate who did not think the IBO was a very worthwhile pursuit of clinical excellence.

With the recent popularity of virtual outreach across the nation through online platforms, the Board has witnessed an overwhelming increase in participation in all fronts. We thus intend to see a surge in the number of members getting Board-certified in the coming years. Having said this, the Board will always strive to uphold its present standard of excellence and would contemplate to include newer facets of digital technology (records) after verification of credibility of the submitted records in the examination process.

In this era, where we wish to strongly convey "Orthodontics by Orthodontists" to the public at large, speciality boards are a big step towards public accountability. To this end IBO certification has the potential to strengthen public trust in orthodontists as leaders with a strong ethical responsibility for maintaining their competence and standards of patient care.

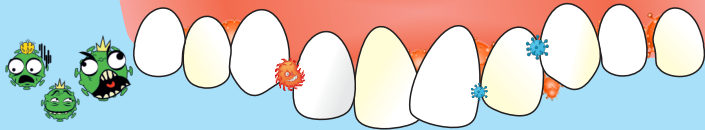
Get IBO certified! – we owe it to our patients.



Brought to You by Public Awareness Committee of IOS

**Prepared by
DrGaurav Gupta
Chairman,PAC**

DISADVANTAGES OF NOT HAVING STRAIGHT TEETH



Crooked teeth are more likely to have food buildup, even with brushing and flossing

A malaligned bite can cause **uneven distribution of force** with each bite.

Trapped food particles lead to more plaque, increasing the risk of **tooth decay**.

Crooked teeth can **wear down prematurely** and even being to chip.

Inflammation from gum disease has been linked to other conditions like **diabetes / heart disease**.

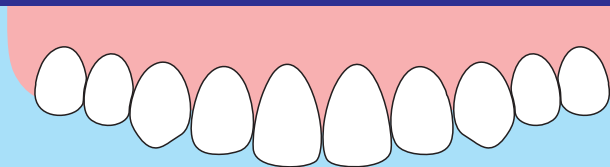
Red, swollen gums can be a result of crowded or gapped teeth.



Crooked or malaligned teeth makes one to worry about making a bad impression

Most of the people think a **great smile** is an important social asset. Straighter teeth give you **more confidence** when you smile in all types of interactions.

THE BENEFITS OF HAVING STRAIGHT TEETH



Better tooth alignment helps your gums fit around teeth better.



Increases Self - Confidence

Improves Overall Health

Oral health can be a good indicator of the status of your overall health.

This reduces your risk of developing gum disease.

A proper bite lets you chew better, potentially reducing gastrointestinal problems.

The progression of gum disease can be minimized with straighter teeth.

HEALTHIER TEETH & GUMS

Straight teeth are easier to clean with fewer hard-to-reach places.

LESS WEAR AND TEAR

Your teeth have to sustain many pounds of pressure each time you bite down



Prepared by Public Awareness Committee of Indian Orthodontic Society

• Dr. Gaurav Gupta • Dr. Divyaroop Rai • Dr. Anand Tripathi • Dr. Ashish Garg •

IOSTIMES PRESENTS ORMCO CROSSWORD Game 2

Puzzled by
Dr Edeinton Arumugam

Hello members, IOSTIMES in association with Ormco presents you all ORMCO CROSSWORD-GAME 2. Time to activate your Grey cell to its maximum potential.

Make a printout of the crossword puzzle and fill up the blanks with correct answer manually with a pen.

Once you finish it, scan it and whatsapp immediately to

9841121575

The 1st two Correct answer, which reaches via whats app shall receive “Enlight” light cure bonding kit consisting of a composite syringe and bonding agent from Ormco

Winners of Crossword Game 1

Dr. GunjanKaushik

SLM 10469

Gwalior, MP

Dr. Shreya Kishore

LM 4067

Chennai, TN

They both received their prizes from ORMCO

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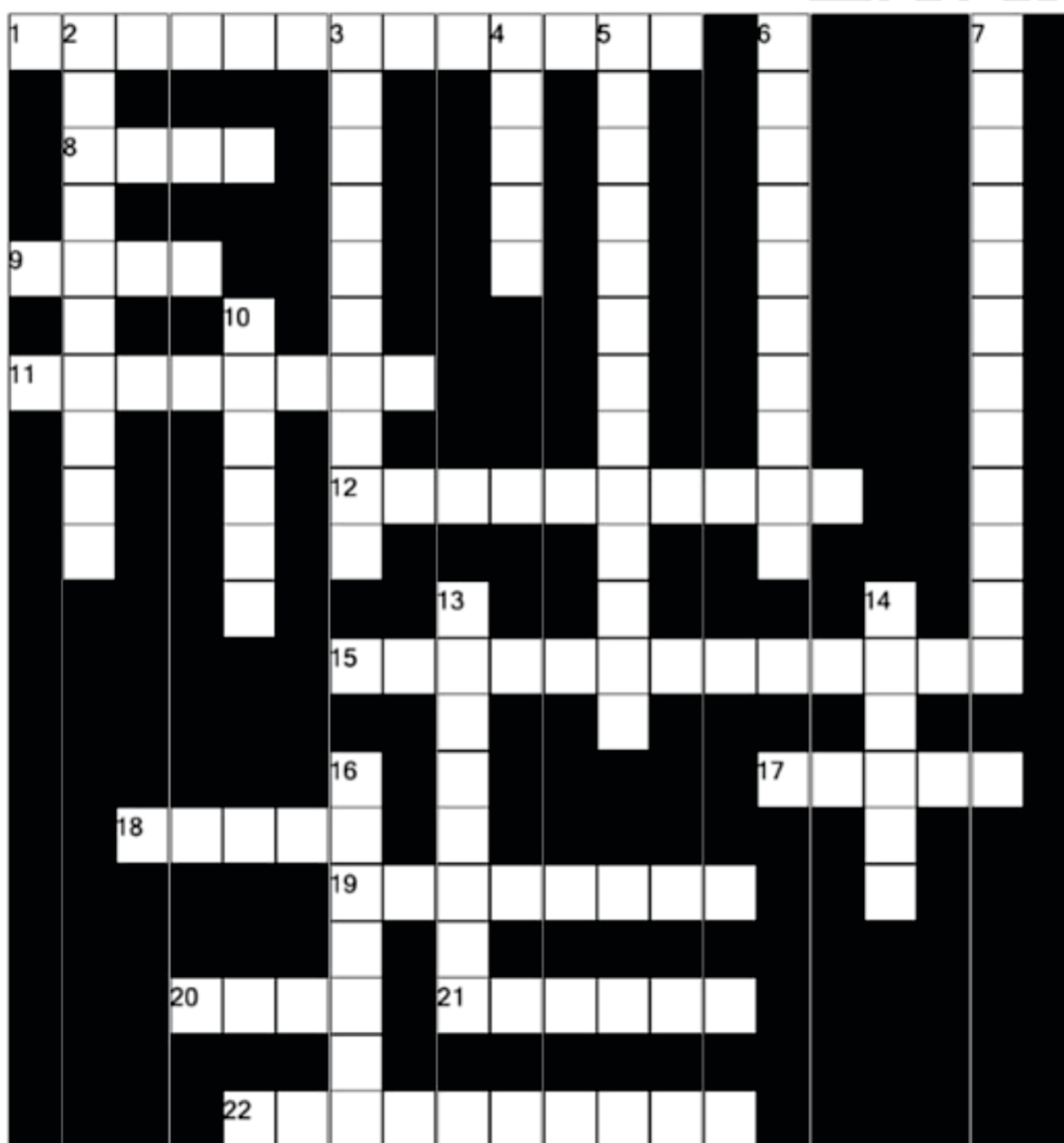


Across

1. young climate activist
8. a differential force system
9. loop with shoe
11. a popular canine impaction spring
12. a lizard like amphibian
15. roths favourite loop
17. principles of craniofacial growth by
18. universal clasp
19. the clock distalizer
20. loop by varun kalra
21. a rigid growth modifier
22. the first expansion appliance

Down

2. precursor of begg
3. nobel prize for medicine 2020
4. bird with blue foot
5. effect of tipping during retraction
6. effect of torque on tip
7. recent rover to mars
10. failed moon lander
13. actor who became more popular after death
14. angle within a tooth
16. a common teratogen



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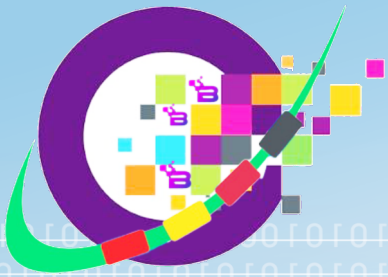
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Head of the Department of Craniofacial Sciences
and Chair of the Division of Orthodontics,
University of Connecticut,
School of Dental Medicine. USA
Topic : Management of Complex
Orthodontic Problems



 **Dr Stephen Chu**


Private Practice,
ABO Diplomate,
Tweed Merrifield Fellow, Texas, USA
Topic: Empowering self-ligation
systems with TADs in treating
complex cases



 **Dr Chris Chang**

Founder of Beethoven Orthodontic Center
and Newton's A Inc. in Hsinchu, Taiwan.
TAIWAN
Topic : Differential Diagnosis



 **Dr Thaer Hamid**

DS (Orthodontics) Facop/Bauru-
SP Consultant Orthodontist & General Dentist
Vice Principal, Prof. & Head Institute of
Dental Studies & Technologies
IEAPOM/PORTO ALEGRE -RS - Brazil
Topic: Double Slot Bracket-A Bracket,
Endless Possibilities



 **Dr. Anmol Singh Kalha**

Professor, CIDS
Coorg Institute of Dental Sciences
Co-Founder, Medeva Knowledge systems
Topic : Customized and personalized
Orthodontics



 **Dr. Ashok Karad**

Smile Care, Mumbai
Topic : Interdisciplinary Orthodontics
Current perspectives



 **Dr. C.S. Ramachandra**

Bangalore
Topic : Self-ligation in today's
Orthodontic Practice



 **Dr. M.K. Prakash**

Hon. Consultant,
Bombay Hospital, Mumbai
Topic : Five Decade Duel
with Anchor Management



 **Dr. Nandini Kamat**

Prof. & Head, Dept. of Orthodontics
Goa Dental College & Hospital
Topic : Management of Class II
Malocclusion in Adolescents and Adults



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President, World Federation of
Orthodontists, Mumbai
Topic :
Beyond Boundaries



 **Dr. O.P. Kharbanda**

Dr CG Pandit National Chair of ICMR,
All India Institute of Medical Sciences
New Delhi
Topic: CBCT Applications in Orthodontics



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Professor,
Sibar Institute of Dental Sciences
Guntur, Andhra Pradesh
Topic: Orthodontic Biomechanics for Clinicians



 **Dr. Pradeep Tandon**

Department of Orthodontics & Dentofacial Orthopedics,
Faculty of Dental Sciences,
King George's Medical University. Lucknow
Topic : Impacted Teeth-An overview




 **Dr. Sherry Peter**

Lead Consultant. Aster Medicity
Hospital, Kochi, Kerala
Topic : Craniofacial Deformities

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 **Dr. Arvind Sivakumar**

Associate Professor, Department of Orthodontics,
Saveetha Dental College, Chennai

Topic : Digital treatment planning for
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Manipal College of Dental sciences,
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Topic : Anterior Maxillary Distraction in the
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Saveetha Dental College & Hospital, Chennai

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Consultant Orthodontist, Hubli, Dharwad

Topic : Understanding Biomechanics
through Wire Designs
and Bracket Engagement



 **Dr. Digant P. Thakkar**

Private Practice Silver smile Orthodontics
& Digant's 3D Orthodontics, Gujarat

Topic : Digital Workflow for Customized
Orthodontic Appliances



 **Dr. Gauri Vichare**

Professor, Bharti Vidyapeeth
Dental College, Pune

Topic : Management of
Asymmetries in Orthodontics



 **Dr. Jayesh Rahalkar**

Professor and PG Guide,
Dr. D.Y. Patil Dental College and Hospital, Pune

Topic : Adolescent and Adult
Class III Management - An overview



 **Dr. Jeegar Vakil**

Dr KK Vakil's Orthodontic Centre,
Surat

Topic : Beyond MDS -
Examinations after MDS



 **Dr. M S. Ravi**

Professor and Head,
Dept. of Orthodontics,
A B Shetty Memorial Institute of
Dental Sciences, Mangalore

Topic : Genetics in Orthodontics



 **Dr. Mala Ram Manohar**

College of Dental Sciences,
Davangere

Topic : Significance of Tooth size
Discrepancy in Orthodontic
Treatment Planning



 **Dr. Mukundan Vijayan**

Associate Professor, Dept. of Orthodontics,
Government Dental College,
Alappuzha, Kerala

Topic : Vertical Control with Implants



 **Dr. N.G. Toshniwal**

Professor and Head, Department of
Orthodontics and Dentofacial Orthopedics,
Rural Dental College, Pravara Institute of
Medical Sciences, Loni

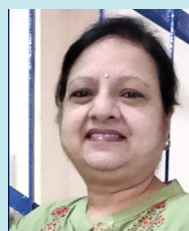
Topic : Growth Modification in
Skeletal Class II Patients



 **Dr. NR Krishnaswamy**

Professor and Head of the Dept. of Orthodontics
and the Vice Principal,
Ragas Dental College & Hospital, Chennai

Topic : Management of
Transverse Malocclusions



 **Dr. Nalini C.M**

Private Practice, Basavanagudi
Bangalore, Karnataka

Topic : Customized Orthodontics -
In-office Aligners



 **Dr. Narayan Gandekar**

Lecturer/Clinical Educator,
Discipline of Orthodontics &
Paediatric Dentistry
The University of Sydney /
School of Dentistry, Australia


Topic : Adult Class III Management

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 **Dr. Nikita Mongia**
Scientist D and Program Director,
Officer of Oral Health and Gastroenterology,
Indian Council for Medical Research
Headquarters, New Delhi
Topic : Primary Surgical outcome
in Cleft Lip and Palate



 **Dr. Ritu Duggal**
Professor and Head, CDER,
All India Institute of Medical Sciences, New Delhi
Topic : Adolescent Class II Management -
Current trends




 **Dr. Rohan Mascarenhas**
Prof. & Head, Dept of Orthodontics,
Yenopoya Dental College,
Yenopoya University, Mangalore
Topic : Beyond MDS - Research Opportunities



 **Dr. Rohit Mehrotra**
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Topic : Ortho – Prostho Synergy in
The Management of Complex Cases




 **Dr. S. Venkateswaran**
In private practice, Chennai
Topic : Biomechanics of
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 **Dr. Sarojini Joseph**
Consultant Orthodontist,
St. Johns Medical College and Hospital,
Bangalore
Topic : Setting individual goals in NAM




 **Dr. Sarvaraj Kohli**
In private practice,
Jabalpur, Madhya Pradesh
Topic : Critique on Accelerated Orthodontics -
Surgical Methods




 **Dr. Shailesh Deshmukh**
Prof. Bharti Vidyapeeth Deemed to be
University Dental College and Hospital, Pune
Topic : Orthodontic Anchorage with
Extra Alveolar Implants




 **Dr. Shobha Sundareswaran**
Prof. & Head, Dept. of Orthodontics,
Government Dental College
Kozhikode, Kerala
Topic : Growth modification in
Skeletal Class III Patients




 **Dr. Sridhar Premkumar**
Prof. & Head, Dept. of Orthodontics &
Dentofacial Orthopedics,
Tamil Nadu Govt. Dental College & Hospital,
Chennai
Topic : The Known and the Unknown



 **Dr. Sunanda Roychoudhary**
Dean Academics, Shree Bankey Bihari
Dental College & Research Centre
Uttar Pradesh
Topic : Diagnostic aspects of Skeletal
Class III - Adult Surgical Patients




 **Dr. Tapasaya Juneja Kapoor**
In private practice,
Gurgaon, Haryana
Topic : Aligners The smart,
customized Digital Experience
for Today's Gen!



 **Dr. Tulika Tripathi**
Senior Professor and Head,
Dept. of Orthodontics,
Maulana Azad Institute of
Dental Sciences, New Delhi
Topic : Adolescent
Class III Management



 **Dr. Tushar Hegde**
In private practice,
Mumbai
Topic : Lingual
Orthodontics




 **Dr. Vadivel Kumar M**
In private practice, Salem,
Tamil Nadu
Topic : Fixed Functional
Appliances



Dr. Vignesh Kailasam
Prof. & Head, Dept. of Orthodontics,
Sri Ramachandra Institute of Higher
Education and Research, Chennai
Topic : Adult Class II Management -
Current Trends



 **Dr. Wasundhara Bhad**
Prof. & Head, Dept. of Orthodontics
& Dentofacial orthopedics,
Govt. Dental College & Hospital,
Nagpur, Maharashtra
Topic : Management of Vertical
Discrepancies

ORTHO BYTE 2020

Grand Cultural Extravaganza

ORTHO BYTE 2020 under the umbrella of Indian Orthodontic Society is collaborating with legendary singers from the Antiquity and the new Epoch

This is a fraternization of cognition with skill.
The cultural committee of ORTHO BYTE 2020 is proffering two musical events.

The first event will be under the dark orange sky of
5th December 2020 from 6-8pm.

This StarNite will be highlighted with the August presence of none other than **Vastvik Roy.**



He is a Bollywood playback singer in several movies like "Udchale", "Pagalpanti" and is currently working with T-series. He has given his voice in a short film called "Cheers" which has got several awards from Boston film festival and is available on Hotstar. He is also working with music director like **"Lalitpandit", "Himeshreshamiya", "Adityadev", Sohailsenand** more He is a proud Winner of radio city 91.1 super singer 2015 and SaReGaMaPa 2012 Star

The event will be followed by the marvellous performance of IOS star singers. The Guru's and cool novice will be collaborating on the screen together to reflect the unity of IOS - this GURUCOOL will be presented from 8-9pm

The second event will be below the maroon sky of 6th December 2020., where we have with us the legendary Singer

Prasun Mukherjee

Nephew of ShriHemant Kumar.



He holds his doctorate in music therapy from USA.

A renowned playback singer, with experience in music for over 25 years.

He has released more than 40 audio album for T series , TIPS and MULTITIME records UK.

He has also worked with super cassettes industry as general manager.

The event will be followed by the mesmerizing collaboration and performances of the
IOS GURUCOOL FROM 7.30 - 9pm..

ORTHO BYTE Cultural Committee

Dr Sanjay labh , Chairman | Dr Sridhar Kannan | Dr PallaviDaigwane
Dr A V Arun | Dr Ajay Kubavat | Dr Uday Kumar

Obituary

Indian Orthodontic Society,
Grieves at the loss of our Senior Members



We pray for their souls to rest in peace and
that his almighty, give strength to their
family and friends to bear the pain of
bereavement