



December 2020 | Volume 26 | Issue 1

Times

-As Covered By the New Editorial Committee-

The Official News Letter of Indian Orthodontic Society



IOS *Times*

*Wishes you
all a Happy*



New Year

President's Message

Respected IOS members,

Happy New Year to you and your family. As the New Year dawns upon us, it is with hope and prayer to return to the normal life that we welcome the New Year with expectations and belief of overcoming the setbacks of the past year. The year 2020 has been a great learning experience to explore beyond routine way of life, to be innovative, creative and ingenious in our interaction, be it academic, practice, administration or social life. It brought in a convenient means to connect in comfortable hybrid attire and devoid of the hassles of travel logistics. Though we have won a few battles, the war against Covid 19 is far from over. Let us be vigilant and not be complacent as we go forward, till it is safe to breathe without mask in public and hug our friends and return to a normal life.

The first ever virtual orthodontic conference “Orthobyte 2020” was a grand success, thanks to the dynamic team led by Dr Surya Kanta Das, Salil Nene, Dr Vinod Krishnan and Team Orthobyte who worked tirelessly to conduct the event seamlessly and created history by showcasing new innovative means of conducting a conference to the appreciation and amazement of all. Hopefully this newly discovered medium becomes a part of the calendar event of IOS going forward.

Continuing with the success of online lecture series, the Presidential calendar for 2021 is ready and has a lot of innovative programs with international lectures, symposiums, skill enhancement and clinical pearls program for practitioners and is in the process of incorporating new ideas and concepts that will be a bouquet of academic activities to enlighten and enrich us all like never before.

This New Year period, let's appreciate and respect mother nature, and pledge to safeguard the sanctity of the environment and nature. We have now entered an era where there is a need to integrate with the nature and co-exist in the environment with mutual respect.

As this year comes to a close, let's reflect on the difficulties we have been through and honour the life-saving efforts of the Covid warriors who toiled to keep us safe and healthy. Perhaps as you reflect, you should consider a different kind of New Year's resolution. As we take care of the well being of our self and family, let us also look beyond and contribute to the welfare of the society and our great nation. I wish you all a safe, healthy and happy New Year and I hope to see you all IN PERSON in 2021.

Jai IOS
Jai Hind

Dr Silju Mathew

President IOS



Hon. Secretary's Message



Respected members of the IOS,

As we approach the end of 2020 , the end of a decade which has ended with a very eventful year, a challenging year and a year of multiple realizations. A historic year that will be etched in our memories , in history books ,and in the sands of time. We look towards 2021 with hope that it will help overcome the challenges posed in 2020 , we say a prayer for the lives lost and we say thanks for the blessings.

The last month of this year has been eventful indeed. After a veritable line of excellent programmes all year, the IOS finished with a flourish- ORTHOBYTE 2020 between 3-6th December. It was the first in many ways. The first major IOS web conclave organized by the executive committee with an impressive lineup of international and national speakers and offering an immense platform for several Life member and student presentations . The Freshers conclave, the quiz ,panel discussions and the special cultural evenings all added to the value and gravitas of the event and created another bookmark in the IOS history .

The first week of December being extremely busy for the executive committee, the second week saw the 5th EC meeting of 2019-20 held on a virtual platform on December 13th. With the society year stretched ahead of us for a few more months, the IOS calendar of events will have many more events to look forward to in 2021. Do keep in touch by visiting the IOS FB page and IOS website.

On a more sombre note, we mourn the sad demise of our beloved founder member Dr.Naishad Parekh in the first week of this month. The IOS offers its respects and condolences to the bereaved family of our respected founder member.

I hope 2021 ushers in a year that is happy, healthy and peaceful for IOS family and the families of IOS! Wishing you and your loved ones a very Happy New Year!

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 December issue of IOS TIMES as the last issue for the year 2020. This year posed great challenge globally for entire humanity. Many suffered due to infection, some of us lost dear ones, and there was financial crisis for all, many entrepreneurs suffered terrible setbacks.

As to add the agony, we lost our founding father of IOS, Dr Niaishadh Parikh to nature. As he bestows his blessings from the skies, his dear friend and peer, Dr Samraj, our esteemed Past Secretary, shares memories of Dr. Naishadh Parikh and their days together as they served IOS. We are glad to present it in this issue.

Despite all the loss, we learnt to adapt to the challenge and turmoil. We evolved for betterment and lessons were learnt. As Orthodontists and health care providers, we did our best to serve our patients to the best of our ability and potentials. Team IOS Times along with Team IOS performed phenomenally this year to best of its abilities, despite every hurdle posed by the global pandemic.

Wish You all a Wonderful 2021

A year of Pink Health.

365 days of Prosperity & Productivity.

Every second of Happiness.

Mask free roaming.

Hugs, Kisses and Togetherness

We wanted a positive vibe as you read the issue on the New Year eve. Thus, we are presenting Dr Mistry's Musings- "The editor in conversation with Dr Keki Mistry, Founder Member of Indian Orthodontic Society as he reminisce with a time travel".

CoViD Vaccines seems to be the promise and hope for the near future as we step into 2021. But there has been fear and apprehension amongst some of our members and general folks on administering it for protection. My dear friend Dr Swaminathan, a dentist turned scientist and researcher towards Sars Cov 2, was kind enough to answer for an interview on demystifying Covid Vaccine science. He threw a great deal of clarity on vaccines. I am sure that his interview in this issue would be an eye opener for all

IOS TIMES editorial committee requested Dr Chetan Jayade, our fellow member who is popular for his academic excellence to address IOS members through this article, as to orient and motivate members to pursue MOrth. This coverage would be an excellent insight towards preparing and getting oneself ready for the elite Fellowship. A must read for members who are in pursuit to excel themselves via MOrth examination Orientation.

Hope this issue entertains and enlighten with various coverage and interviews.

Jai Hind, Jai IOS

Dr.M.S.Kannan

Editor, IOS Times



Success story in the Virtual Space

Report By Organizing Chairman Dr. Surya Kanta Das and Organizing Secretary Dr. Salil Nene
Section Editor: **Dr Swati Acharya**

The idea of Orthobyte 2020 was conceived by President, IOS Dr. Silju Mathew, Hon. Secretary Dr. Sridevi Padmanabhan and President elect Dr. Sri Krishna Chalasani. The objectives of Organizing the virtual conclave were,

1. To facilitate more SLM registrations and also more SLM to LM conversions.
2. To give opportunity to student IOS members to present scientific papers, posters, table clinics on the national forum.
3. To give IOS SLM and LM members opportunity to listen to the best of National and International faculty in the view of postponement of IOS annual conference.

Conference COC:

The COC for Orthobyte 2020 was formulated with Dr. Surya Kanta Das as Organizing chairman. Different conference committees were then formed to divide the responsibilities and to facilitate smooth functioning. All IOS EC members and POB's were part of the COC. The date for the conference were finalized as 3rd to 6th December 2020.

Registrations:

The first ever-virtual orthodontic conference was a big success with more than 2000 registrations. Registration committee comprised of Dr. GnanaShanmugham as a convener and Dr. Kavitha, Dr. Amesh Golwara, Dr. Jaipal Reddy, Dr. Sanju Sommaiha, Dr. Ankit Sikri, Dr. Mandava Prasad and Dr. Shailesh Shenava as members.

Online paid registrations:	1704
Offline paid registrations:	155
Complimentary registrations:	165
Total SLM paid registrations:	1339
Total LM paid registrations:	365

Total revenue through Razorpay: Rs. 2077000

Trade and Finance:

Committee comprised of Dr. Puneet Batra as a convener and Dr. Pradeep Raghav, Dr. Reji Abraham, Dr. Ashish Garg, Dr. Padma Priya as members. Because of the efforts of the committee the conference had 11 sponsors and with revenue generated around eight lakhs rupees.

Inaugural Function:

Conference inaugural function was graced by the presence of Honorable Health and family welfare Minister Dr. Harshavardhan as a chief guest and Dr. Nikhilesh Vaid, WFO President as a guest of honors.

Scientific program:

The big success of the conclave was due to the meticulously planned and executed scientific program by scientific committee with Dr. Vinod Krishnan as a convener, and Dr. Rajaganesh, Dr. Siddharth, Dr. Ashish Barik and Dr. Vedavathi as its members. Dr. Sanjay Labh was the scientific coordinator for the international speakers. The whole team worked extremely hard from receiving the scientific papers, scrutinizing them, selection of papers, selection of key note, National faculty and invited guest speakers, planning of four day program schedule and executing it to the perfection. Dr. Swati Acharya, Dr. Kavitha Iyer and Dr. Pritam Mohanty assisted them. The scientific schedule had 700 plus student paper and poster presentations, 4 International lectures, 11 keynote lectures, 47 national faculty and 70 plus Invited guest lectures. The scientific content and smooth execution of whole scientific program was highly appreciated by all the delegates.

Website and Virtual platform:

The success of any virtual conference totally depends on well-designed website, ease of registration and flawless virtual platform. Website committee comprised of Dr. Divyaroop as convener and Dr. Ajit Pillai, Dr. Dhruv and Dr. Randheer as members. Virtual platform committee comprised of Dr. Gaurav Gupta as a convener and Dr. Pritam Mohanty, Dr. Edeinton, Dr. Arjun Nayak as its members. Superb coordination between both the committees was instrumental in the grand success of the virtual conference. Both committees successfully handled the herculean task of over 2000 registrations, uploading of more than 1000 scientific paper and posters and smooth conduct of the scientific schedule for all four days.

Conference publicity and promotion:

Creative team with Dr. Kannan Sabapathy as a convener and Dr. Swati Acharya, Dr. Virag Bhatia and Dr. Deena as members efficiently handled all the promotional and publication activities in very limited time. The souvenir of the conference was published by organizing chairman during the inaugural function.

Fresher's Conclave:

Fresher's conclave was the unique feature of the conference, which gave ample opportunity to the first year postgraduate students to participate in Orthobyte2020 and showcase their talent. The one day program was conducted by the committee with Dr. Anand Tripathi as convener and Dr. Amesh and Dr. Arjun as members.

Cultural program:

Two days of the cultural program was a big hit with participation by famous professional singers and our own IOS life members. The success of the program was due to the efforts from Dr. Sanjay Labh as convener and Dr. Uday Kumar, Dr. A. V. Arun, Dr. Shridhar Kannan, Dr. Ajay Kubavat and Dr. Pallavi as members.

Overall, the Orthobyte 2020 will be considered as a landmark event in the history of IOS as a first virtual conference with more than 2000 registrations, exceptional scientific content and flawless virtual experience. The grand success of the event is attribute to the exemplary team work by Orthobyte 2020 COC members.

The Orthobyte Team

The strength of our team is each individual member. The strength of each member is our team.
As everyone moved together, success took care of itself"



Dr Silju Mathew
President, IOS



Dr Sridevi Padmanabhan
Hon Secy. IOS



Dr Surya Kanta Das
Vice President, IOS
Organising Chairman



Dr Salil Nene
ECM, IOS
Org. Secretary



Dr Vinod Krishnan
ECM, IOS
Chairman, SC Committee



Dr Pradeep Jain
Advisor
Imm. Past President, IOS



Dr. Sri Krishna Chalasani
National Coordinator
President Elect, IOS

Committee, Convenors



Dr K Gnana Shanmugham
Jt. Secretary, IOS
Registration Committee



Dr Sanjay Labh
Treasurer, IOS
Scientific International Committee
Cultural Committee



Dr Puneet Batra
Editor, JIOS
Trade & Finance Committee



Dr M S Kannan
Editor, IOS Times
Publication, Promotion &
Creative Committee



Dr Gaurav Gupta
ECM, IOS
Virtual Platform Management
and it Support Committee



Dr Divyaroop Rai
ECM, IOS
Website Committee



Dr. Anand Tripathi
ECM IOS
Joint Secretary
Convenor, Fresher Conclave

Members, Scientific Committee



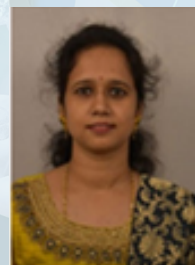
Dr. Rajaganesh Gautam
ECM, IOS



Dr. Ashish Barik
ECM, IOS



Dr. Siddarth Shetty
ECM, IOS



Dr. Vedavathi
ECM, IOS



Dr. Pritam Mohanty
ECM, IOS

Members, Registration Committee



Dr. Sanju Somaiah
ECM, IOS



Dr. Jaipal Reddy
ECM, IOS



Dr. Kavitha Iyer
ECM, IOS



Dr. Ankit Sikri
ECM, IOS



Dr. Amesh Kr. Golwara
ECM, IOS



Dr. Mandava Prasad



Dr. Shailesh Shenava

Members, Trade and Finance Committee



Dr. Pradeep Raghav
Editor, JCO-IOS



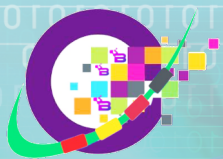
Dr. Reji Abraham
ECM, IOS



Dr. Ashish Garg
ECM, IOS



Dr. Padma Priya
ECM, IOS



ORTHOBYTE 2020

3rd to 6th December 2020



ORTHOBYTE 2020

Members, Publication, Promotion & Creative Committee



Dr. Swati Acharya
ECM, IOS



Dr. Virag Bhatia
ECM, IOS



Dr. Deena Dayalan
ECM, IOS

Members, Virtual Platform Management and it Support Committee



Dr. Pritam Mohanty
ECM, IOS



Dr. Edeinton Arumugam
ECM, IOS



Dr. Arjun Nayak, US
ECM, IOS

Members, Website Committee



Dr. Ajit Pillai
ECM, IOS



Dr. Dhruv Yadav



Dr. Randheer Kumar

Members, Cultural Committee



Dr. Uday Kumar Digumarthi
ECM, IOS



Dr. A V Arun



Dr. Sridhar Kannan



Dr. Ajay K Kubavat

Members, Freshers Conclave Committee



Dr. Amesh Golwara



Dr. Arjun Nayak





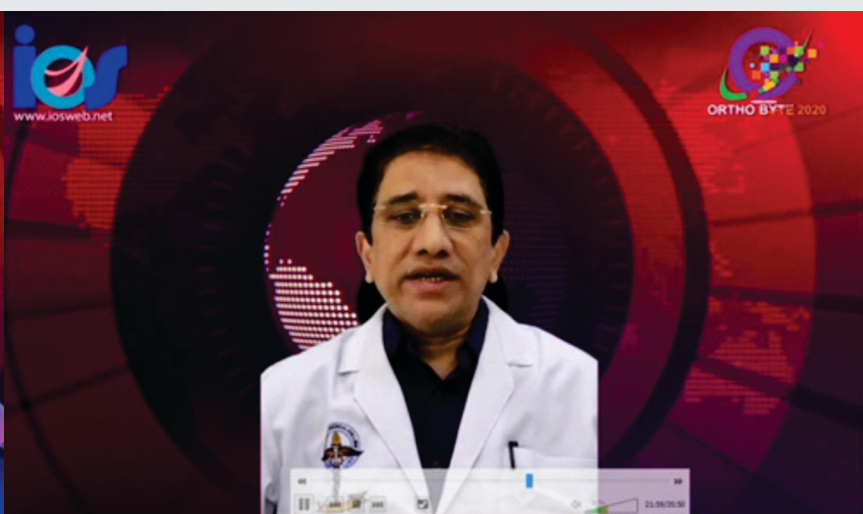
Presidential Address at the inaugural session of the First I.



Dr. Suryakanta Das
Vice-President, IOS and Org. Chairman



Dr. Sridevi Padmanabhan
Hon. Secretary, IOS



Dr. Salil Nene
Organising Secretary



Nikhilesh Vaid
President, World Federation of Orthodontics



DR DIVYAROOP RAI
Convenor, Website Committee
Executive Committee Member, Indian Orthodontic Society



OUR PRINCIPAL SPONSOR



OUR SILVER SPONSORS



5th Executive Committee Meeting of Indian Orthodontic Society

Reported by *Dr Swati Acharya*

The 5th Executive Committee Meeting of Indian Orthodontic Society convened on virtual platform on 13th December 2020.

The agenda of the meeting was to record the minutes of 4rd EC meeting of 2019-20, action taken on 4thEC minutes, reports of JIOS, JCO-IOS and IOS times, reports of various subcommittees, report on Orthobyte 2020, report on WFO council meeting and APOS AGM and approval of LM/SLM members.

The forth-coming challenges in conducting IOS conferences and PG Conventions were discussed for productive actions. The minutes of the meeting from the office of Secretary shall present the official proceedings of the meeting.



INDIAN ORTHODONTIC SOCIETY

PRESIDENTIAL CALENDER OF EVENTS 2021

MONTH

PROGRAM

JANUARY

20th -21st JAN 2021

AIRWAY MANAGEMENT AND OSA: ARMY DENTAL CORPS

31st JAN 2021

IOS ORTHOTRENDS MASTERCLASS :
CLEFT ORTHODONTICS A ROAD LESS TRAVELLED

FEBRUARY

20-21st FEBRUARY 2021

IBO AWARENESS PROGRAM

28th FEB 2021

IOS ORTHOTRENDS MASTERCLASS:
CLEAR ALIGNERS IN ORTHODONTICS-WHERE DOES THE BUCK
ACTUALLY STOP? A PRACTICAL PERSPECTIVE

MARCH

13-14 MARCH

GLOBAL EDITORS MEET AND JIOS SYMPOSIUM
DR AJAY KUBAVAT,
NARSINHBHAI PATEL DENTAL COLLEGE & HOSPITAL,
VISNAGAR, GUJRAT

21st MARCH 2021

6th EC MEETING

28th MARCH 2021

IOS ORTHOTRENDS MASTERCLASS:
ACCELERATED ORTHODONTICS: A NEVER ENDING DEBATE
IBO DIPLOMATES MEET

APRIL

7-9TH APRIL 2021

RAMCHANDRA ORTHODONTIC ACCELERATED REVIEW(ROAR)
DR VIGNESH KAILASAM, SRIHER, CHENNAI

17TH-18TH

25TH APRIL 2021

ORTHODONTIC FINISH LINE (DR AJIT KALIA),
M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES AND RESEARCH CENTRE, PUNE
IOS ORTHOTRENDS MASTERCLASS
ORTHODONTICS, EMERGING TECHNOLOGIES AND ARTIFICIAL INTELLIGENCE-
WHAT LIES AHEAD

MAY

1st 2nd MAY

2nd IOS VIRTUAL CONFERENCE- EMERGING STARS CONCLAVE

15th MAY

WORLD ORTHODONTIC HEALTH DAY

30th MAY 2021

NATIONAL TRAINING PROGRAM IN CLEFT AND CRANIOFACIAL ANOMALIES
(DR MS RAVI) ABSMIDS, MANGALORE

IOS ORTHOTRENDS MASTERCLASS
ROOT RESORPTION

INDIAN ORTHODONTIC SOCIETY

PRESIDENTIAL CALENDER OF EVENTS 2021

MONTH	PROGRAM
JUNE	
18th-19th JUNE 2021	IOS INNOVATIONS CONCLAVE (DR AMANISH SINGH) ADESH INSTITUTE OF DENTAL SCIENCES AND RESEARCH, BATINDA
20th JUNE	7th EC MEETING
27TH JUNE 2021	IOS ORTHOTRENDS MASTERCLASS RETENTION AND RELAPSE
JULY	
9TH -10TH JULY 2021	PG ORIENTATION PROGRAM (DR MANDAVA PRASAD) NARAYANA DENTAL COLLEGE, NELLORE
18TH JULY 2021	IOS ORTHOTRENDS MASTERCLASS:
24TH-25TH JULY 2021	RE LEARNING AND RE REMEMBERING THE BASICS IN THE MODERN ERA IBO AWARENESS PROGRAM
AUGUST	MID YEAR CONVENTION AT BALI
AUGUST 9TH-11TH AUGUST 2021	NATIONAL INTEGRATED TYPODONT WORKSHOP (DR SEEMA GROVER) FACULTY OF DENTAL SCIENCES, SGT UNIVERSITY, GURUGRAM
22ND AUGUST 2021	IOS ORTHOTRENDS MASTERCLASS : TMD MANAGEMENT IN ORTHODONTICS
24-26TH SEPTEMBER 2021	55TH IOC, AMRITSAR
24th SEPTEMBER	8th EC MEETING
24th SEPTEMBER	EOGM
25TH SEPTEMBER	AGM

Dr Mistry's Musings

'In Conversation with Dr.Keki'

"The editor in conversation with Dr Keki Mistry, Founder Member of Indian Orthodontic Society as he reminisce with a time travel"



I write my musings for the IOS times, it was put forward that it be called 'Koffee with Keki'. I thought it was too trite a title. Little did I know that coffee was involved when we were germinating the idea of the IOS. Let me explain.

I work in a place known as India House complex situated at Kemps Corner Mumbai. It is made up of 4 separate buildings that looks like one when viewed from the outside.

My practice is on the 1st floor of India house no 2, Dr Naishadh Parikh worked on the 2nd floor of India Hse No 1 and Ashok Mody visited Dr Fali Mehta's clinic also on the first floor of Building No 1.

Occasionally we would meet in the common compound, specially after we came from a meeting of the Mumbai (Bombay) Orthodontic Study Group that we had formed earlier. We were a bit early and decided to have coffee at a restaurant called Kwality's which was situated on the ground floor of our building.

Dr Modi said that in the case that I'd shown which was treated initially by a head gear appliance that I'd obtained considerable expansion of the maxillary arch in a very constricted class II division 1 case, without any particular mechano therapy.

I explained that the E-arch of the headgear kept the orofacial pressure of the tissues away from the maxillary arch and allowed it to expand. The considerable expansion could also have coincided with a growth spurt.

This led to considerable discussions and then over a couple of cups of coffee we decided that we should meet more often to discuss various ideas and have a meeting of minds. We decided to expand the study group which had been formed earlier, with myself being the convenor, into a more if not fully representative society. Thus was born the idea of the Indian Orthodontic Society.



We took this idea to Dr H.D Merchant who was Dean and Head of the Department of Orthodontics at Nair College Mumbai and Dr H.S. Shaikh who was head of the Department of Orthodontics at GDC. They both promised to write to their post-graduate students to join with us. There was an enthusiastic response and in 1965 the Indian Orthodontic Society was born with dedication and hope. Today, it has become the second largest specialised health society in the world with over 5000 members where every President, Secretary, Editor, Executive Member and member has given of their expertise to make it into a very vibrant organisation.

We have had our bumps along the way but our motto is to “carry on” and with that in mind we continue to progress.

Over the years the IOS has thrown up excellent speakers, researchers and wonderful office bearers to whom we can look back with pride.

Today as I gaze at the path that we have traversed, I look forward and see a glorious and even more illustrious future for the Indian Orthodontic Society.

Jai IOS
Jai Hind



Ormco
Your Practice. Our Priority.

**REFINED STRENGTH • PREFERRED AESTHETICS
• EASIER DEBONDING**

- Designed for Aesthetics and Strength using advanced Polycrystalline-alumina ceramic manufacturing technology
- Rounded and smoothed labial, surfaces aid with patient comfort and diffuse light better than a flat surface



symetri
CLEAR

Call: 92238 22040, 96330 16423 / Mail: mktg.india@ormco.com

www.ormco.in



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Dr Chetan V Jayade, with Dr John Bennett



IOS TIMES editorial committee requested Dr Chetan Jayade, our fellow member who is popular for his academic excellence, to address IOS members through this article, as to orient and motivate members to pursue MOrth. This coverage would be an excellent insight towards preparing and getting one-self ready for the elite Fellowship. A must read for members who are in pursuit to excel themselves for Membership in Orthodontics (MOrth) examination

Section Editor, Dr Kavitha Iyer

Membership in Orthodontics (MOrth) Examination Orientation

- DR CHETAN V JAYADE,

Former Regional Dental Adviser to Royal College of Surgeons of Edinburgh

In a world full of monochromatic tadpoles, if you are fluorescent it doesn't matter what size of tadpole you are!— Subroto Bagchi, Founder of Mindtree.



How well said! As professionals in an ever-competitive world, we often wonder what could distinguish us from others? What is it that we could do to make our practice better? How can I carve a niche so as to be well-known and in turn increase my patient numbers?

One way to demonstrate our abilities as clinicians equipped with contemporary skills and an evidence-based knowledge base is to get assessed by peers in the profession, either Nationally or Internationally. Apart from the Indian Board examination (already detailed in the November IOS times) Indian Orthodontists can test themselves via a globally acknowledged examination, namely the Membership in Orthodontics examination (MOrth) of United Kingdom.

This Membership is offered by the different Royal Colleges of UK, including Royal College of Physicians and Surgeons of Glasgow (RCPS Glasg), Royal College of Surgeons of Edinburgh (RCS Ed), Royal College England (RCS England) as well as Royal College of Surgeons, Ireland (RCSI).

However, for exams held outside of the UK, MOrth exam offered by the RCS Edinburgh and RCPS Glasgow are easily accessible to Indian Orthodontists and will be the focus of this article.



Dr Chetan with Dr Benington and Dr Sunny Khambay at Glasgow Dental School

My acquaintance with the Royal Colleges of UK and the MOrth examination in particular

During our Post-graduation days at SDM Dental College Dharwad, we were exposed to several examinations that the Royal College of Physicians of Glasgow used to conduct with our college as the exam center. The FDS exam, MDO exam, MOrth exam and the MFDS examinations – just to name a few- were the ones that we saw our seniors endure the grind of being assessed by an International team of examiners. One major realization was that the examiners were extremely fair in judging candidates by asking clinically relevant questions and not indulge in too much of theoretical rhetoric.

My acquaintance later strengthened during the TC White visiting scholarship, Glasgow. During this 3 month scholarship period, I got to visit Orthodontic departments at Glasgow, London and Swansea as well as Joint clinics and Orthognathic surgeries done in Southern General Hospital, Glasgow. Interaction with faculty and residents there opened my eyes to new possibilities in evaluating Orthodontic patients differently. Exposure to European literature on Growth modulation, Orthodontic Indices and carrying out Research on the Glasgow distraction device was indeed an exhilarating experience. Subsequently I represented India as the Regional Dental Adviser to the Royal College of Surgeons of Edinburgh.

The major differences I saw between our training and the UK residents is their common usage of PAR and IOTN indices for assessing the level of difficulty as well as the outcome of treatment (now ICON and IOFTN as well). Conceptually, they are very particular about Evidence-based data for planning as well as execution of treatment. Surgical Orthodontics is more evolved in comparison to many of our Universities.

Benefits of MOrth

The MOrth examination is essentially a Membership examination. Clearing this exam does not entitle the candidate to practice in the UK. He/She will still have to sit the ORE exam for entry into the UK as an eligible Orthodontist. Elsewhere, having a MOrth qualification is considered favourably especially in the Gulf, Africa and East Asian countries such as Malaysia.

However, if one looks at the personal benefits – there are plenty! Critical self-assessment and finding faults in the diagnosis or treatment execution enabled me to improve in similar situations faced later. Knowing the analysis of the British method helps us to explore other options of treatment. Finally, reading and updating knowledge, specially with respect to contemporary evidence eventually helps in being a good clinician.

MOrth training in India and abroad

As this exam is based on the lines of training in the United Kingdom, Indian Orthodontists (mostly trained in the US pattern) need a specific orientation in order to attempt this exam. It is like an Indian batsman getting used to the bouncy pitches of Lords and Adelaide.

After my exam in 2004, I realised the need for formal training and teamed up with Dr Jayesh Rahalkar of Pune and Prof. V.P Jayade to have a two-day structured course every year to train our candidates from the exam point of view. Since 2008, this course has been conducted at several cities in India as well as in Dubai. This course has been well received and Trainees get the feel of the actual exam by way of mock tests in Diagnosis, Oral communication and OSCE stations.

Apart from our training, the Department of Orthodontics at MCODS, Mangalore has been conducting a similar course for the last few years with Dr Abhisek Ghosh and Dr Jeegar Vakil as faculty and Saveetha Dental College, Chennai started offering training for the Glasgow MOrth exam since 2019 with at least one faculty from the UK.

Likewise, there are online training courses such as the one offered by Glasgow Orthodontic academy and a few others.



MOrth examiners and successful candidates of 2004

In my opinion, it is important for any Orthodontic Post-graduate or practicing clinician who wishes to appear for the exam to tune themselves up well before they appear for this exam by attending one of these courses.

Exam pattern and recent changes—

The Royal college of Surgeons, Edinburgh was the only one to have conducted Overseas diets regularly in the UK, Egypt, Dubai, India (at GDC Trivandrum) in yesteryears. However, of late, the available exam centers for the same are at Dubai, Colombo, Adelaide and Edinburgh for the clinical components.

The exam pattern has seen quite a dramatic shift in the last three years. Earlier, the focus used to be on the candidate's finished cases and theoretical knowledge base as well as treatment planning skills; all of which used to be assessed in a strict time-bound manner with two examiners evaluating each section of the exam.

Theory component of the exam was exempt for most of the Indian candidates earlier. Now, theory exam is compulsory and the number of cases to be shown has reduced from five to four.

During the last three years, the Royal College of Physicians and Surgeons Glasgow restarted their overseas MOrth

exam, RCPS with an exam center now in Chennai at Saveetha Dental college. Both these exams follow different patterns, and it is necessary to be well versed with the two formats.

Present Exam structure –

Details of each exam and updates need to be verified from the corresponding Royal College website mentioned at the end of this article.

Essentially, the exam is divided into a theory component and a clinical part (Part I and II) All Indian Orthodontists must now take up Part I exam before proceeding to Part II. For the Edinburgh MOrth exam, eligibility criteria for overseas candidates has changed and an Orthodontist who has completed over seven years after MDS is considered ineligible. However, for the Glasgow exam, this rule does not apply (as of 2020) The Part I exam is conducted well before the Part II and RCS Edinburgh was offering Part I at various cities across India. However, due to Covid-19, the Part I exam will be conducted online in 2021.

The Part II exam is usually spread over a period of two days and comprises of separate components. The emphasis in Part II now is on OSCE's (Objective structured clinical examination) to provide a fair and replicable exam scenario to all candidates. These OSCEs which comprise of multiple questions on one topic could range from tracing Cephalograms to treatment planning as well as wire bending exercises which need to be attempted in a strict time-bound manner.

Presently, there are 16 OSCE stations in the Glasgow exam while in Edinburgh exam, four OSCE stations are kept (as per their latest website update). In the Edinburgh exam, another major component is the Diagnostic section in which four case records have to be evaluated and planned for treatment. Well treated cases with good photographic records of treatment stages forms the other major component of the clinical part. Three finished cases are a requirement for the RCPS Glasgow exam while for Edinburgh exam, four cases are mandatory. With adequate reading up of recent British author textbooks and articles in Journal of Orthodontics and the European Journal of Orthodontics as well as modifying approach in terms of diagnostics to suit the British method, it will not be difficult for Indian Orthodontists to clear this exam in the first attempt itself.

To conclude, the MOrth examination is another stepping-stone for Indian Orthodontists to prove their mettle and standards. It surely would help you to improve yourself to the next level.

Below mentioned are two statements by Indian Orthodontic stalwarts and former Indian examiners.

‘When the MDO and MOrth examinations were introduced in India, our students and practitioners got exposed to the British examination system. It broadened their perspective. Passing these examinations helped many people to get employment abroad’

--- Dr Vijay P. Jayade

Former Head of Department, SDM Dental College & Examiner, MDO examination, RCPS Glasgow

‘MDO and MOrth have caught on as a trend and done much to elevate the standard of Indian Orthodontics’.


– Dr K. Jyothindra Kumar,

Former Dean GDC, Thiruvananthapuram & Examiner MOrthRCS Edinburgh


Interested candidates may go to the links for further details.

www.rcsed.ac.uk/exams

www.rcpsg.ac.uk/dental-surgery/exams/membership-in-orthodontics




Class II Correction in Class I Time



AdvanSync 2
Half the Size with Greater Comfort

- >> Synchronizing Mandibular Advancement with Orthodontic Treatment
- >> Convenient and Easy-to-Use
- >> Engineered for Efficient Correction



AdvanSync 2
CLASS II MOLAR-TO-MOLAR

98206 24442 | Mail: mktg.india@ormco.com www.ormco.in



Spreading beautiful smiles.
Worldwide.



Happy New Year

www.ormco.in

Demystifying CoViD Vaccines



Interview with

Dr Swaminathan Sethu BDS, MSc, PhD
Scientist – Immunobiology

GROW Research Laboratory,
Narayana-Nethralaya Foundation, Bangalore

CoViD Vaccines seems to be the promise and hope for the near future as we step into 2021. But there has been fear and apprehension amongst some of our members and general folks on administering it for protection. My dear friend Dr Swaminathan, a dentist turned scientist and researcher towards SARS CoV 2, was kind enough to answer for an interview on demystifying Covid Vaccine science. He threw a great deal of clarity on vaccines. I am sure that his interview in this issue would be an eye opener for all

About The Author,

Dr Swaminathan Sethu BDS, MSc, PhD

Scientist – Immunobiology

GROW Research Laboratory,

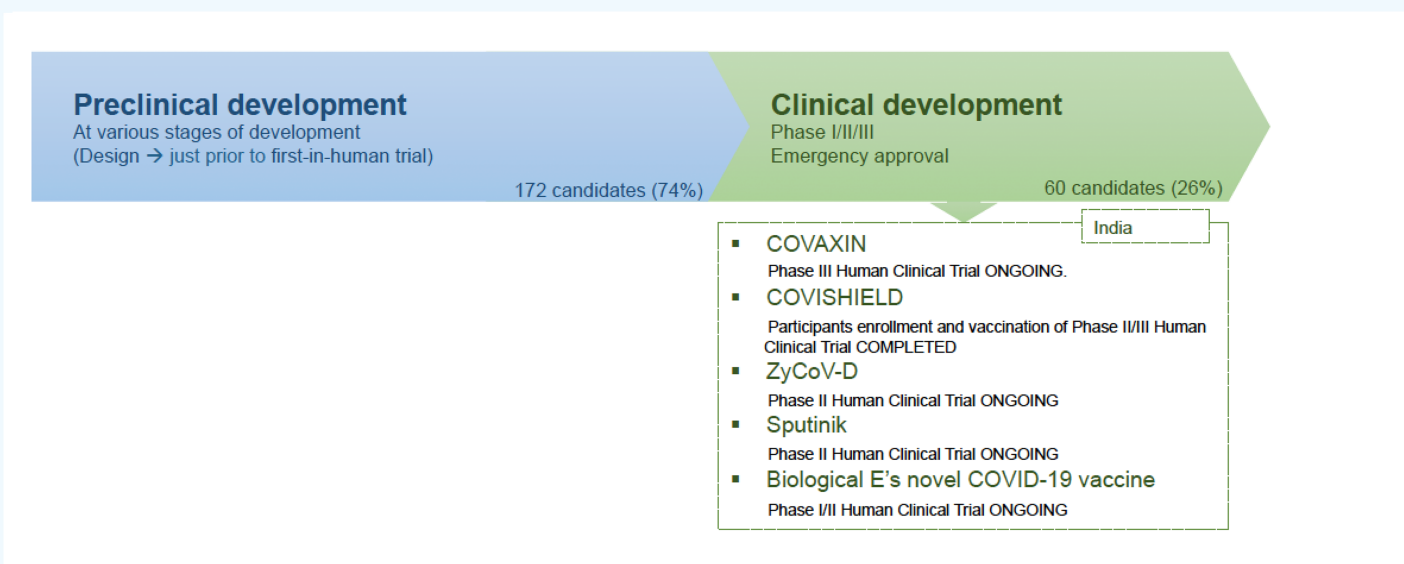
Narayana Nethralaya Foundation, Bangalore

swaminathansethu@narayananeethralaya.com

- Principal / Co-investigator in basic and translational research interfacing Ophthalmology and Immunobiology.
- He graduated with Bachelors in Dental Surgery (BDS) from The TN Dr MGR Medical University, Chennai, India. He then went on to do his graduate studies (MSc & PhD) at National University of Singapore (NUS) in “Cellular and Molecular Immunology”. He continued his research career as research fellow at NUS and at the University of Liverpool, UK where he was working on tumour biology and immunological basis of adverse drug reactions.
- Currently, he is pursuing his academic/research career primarily investigating immune-mediated pathologies of the eye and other organ systems, including COVID-19.
- He has authored and co-authored over 50 research articles in peer reviewed international journals. He believes in evidence based learning, translational (bedside to bench to bedside) and preventive approaches in medical sciences.

Dr Kannan : We are reading on papers about many different vaccines being developed by various global research centres. Can you enumerate the popular and reliable COVID Vaccines which would be accessible for the common man in India, at the earliest. ?

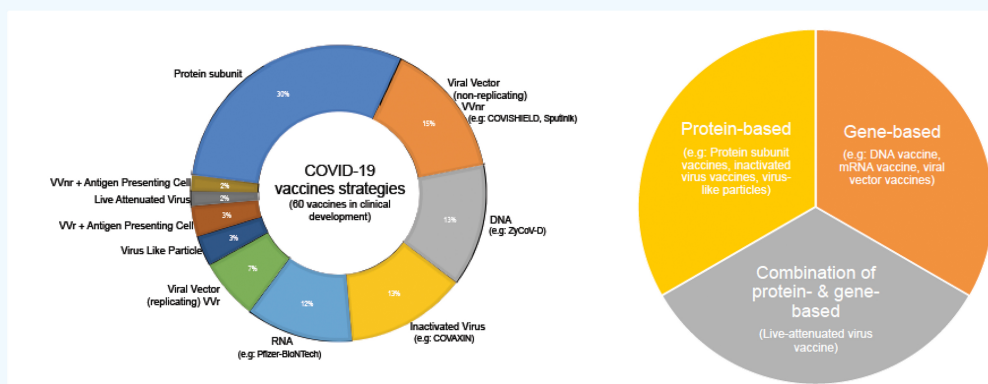
Dr. Swami : According to WHO's "The COVID-19 candidate vaccine landscapes" database (accessed on 29th December 2020). There are 60 vaccines in clinical development and 172 vaccines in various stages of pre-clinical development. The ones that will be available in India are being trialled in the India. As per ICMR's communication there are currently 5 vaccine candidates in India at various stages of clinical development, some closer to approval stage.



It is too early to speculate on the comparative popularity and/or reliability of the various COVID-19 vaccines based on scientific evidence. The strategies followed by each of these vaccines are scientifically robust. The comparative efficiency status of these vaccines will only be known in larger population studies involving thousands of subjects.

Dr. Kannan : We had been reading a lot about vaccine science, particularly about RNA vaccines and Live attenuated vaccine and more. Can you elaborate us about various COVID 19 Vaccines and the science and technology behind. ?

Dr. Swami : There are 10 different types (based on the development strategy) of COVID-19 vaccines among the 60 vaccines that are currently in clinical development. They can be broadly categories into 3 groups – (i) protein-based vaccines (includes protein subunit vaccines, inactivated virus vaccines, virus-like particles), (ii) gene-based vaccines (include DNA vaccine, mRNA vaccine, viral vector vaccines) and (iii) combined protein- and gene-based vaccines (include live-attenuated virus vaccine). The figures shows the number (%) of COVID-19 vaccines in clinical development in each of these categories



Protein subunit vaccines: In this method the key viral proteins or part of it (peptides) are produced outside (in vitro) either in bacteria or other mammalian cells. The produced viral protein of interest is injected into the host. An immune response against the viral antigen/protein (e.g: spike protein) will lead to production of antibodies that will prevent the attachment of viral to host cells during infection.

DNA vaccines: the sequence of viral antigen of choice for example the “spike protein” is inserted into a recombinant DNA plasmid that ferries it into the host cell. Then viral protein of interest is produced by the classical sequence of transcription-to-translation events in host cells. An immune response against the viral antigen/protein will lead to production of antibodies that will prevent the attachment of viral to host cells during infection.

Inactivated virus vaccines: In this strategy the viruses are inactivated by physical or chemically strategies at the same time ensuring that the structural integrity of the virus is preserved (like mummification). Here the entire viral particle serves as the immunogenic material that would evoke an immune response leading to production of antibodies and/or reactive T cells against any part of virus that would prevent future infections.

mRNA vaccines: Here the mRNA sequence/code of viral antigen of choice for example the “spike protein” is synthesized artificially (in vitro) and introduced using lipid nano particle as carrier into the host cells. This will relay the message to produce the viral protein (translation) in the cytoplasm of the host cells. An immune response against the viral antigen/protein will lead to production of antibodies that will prevent the attachment of viral to host cells during infection.

Virus-vectored vaccines: In this strategy the genes of the viral protein of interest (e.g: spike protein) administered into the host using harmless virus as vectors (vehicles). Usually, non-disease-causing virus such as adenovirus are used as vectors. These vaccines use a non-replicating or replicating virus as vectors for gene delivery. Once the gene is delivered inside the host cell, the transduced host cells will start producing the viral protein. An immune response against the viral antigen/protein (e.g: spike protein) will lead to production of antibodies that will prevent the attachment of viral to host cells during infection. More recently, antigen presenting cells are combined with viral vector-based delivery to improve immunogenicity for improved protection.

Virus-like particle or nano particle vaccines: In this strategy, structural viral proteins are artificially expressed together to form non-infectious particles of virus with only shell and no content (genome). This virus-like particle or shell will behave like an immunogen to provoke an immune response leading to production of antibodies against proteins (e.g. spike protein) that forms the virus shell which in turn will prevent the attachment of viral to host cells during infection.

Live-attenuated virus vaccines: This vaccine mimics a live virus infection, but without the associated morbidity. Here the virus is rendered weak or made non-pathogenic by mutagenesis or other in vitro methods. This will enable the virus retain the much-needed immunogenicity to induce protective antibody response but without causing harm to the individual.

Protein subunit vaccines: In this method the key viral proteins or part of it (peptides) are produced outside (in vitro) either in bacteria or other mammalian cells. The produced viral protein of interest is injected into the host. An immune response against the viral antigen/protein (e.g: spike protein) will lead to production of antibodies that will prevent the attachment of viral to host cells during infection.

DNA vaccines: the sequence of viral antigen of choice for example the “spike protein” is inserted into a recombinant DNA plasmid that ferries it into the host cell. Then viral protein of interest is produced by the classical sequence of transcription-to-translation events in host cells. An immune response against the viral antigen/protein will lead to production of antibodies that will prevent the attachment of viral to host cells during infection.

Inactivated virus vaccines: In this strategy the viruses are inactivated by physical or chemically strategies at the same time ensuring that the structural the integrity of the virus is preserved (like mummification). Here the entire viral particle serves as the immunogenic material that would evoke an immune response leading to production of antibodies and/or reactive T cells against any part of virus that would prevent future infections.

mRNA vaccines: Here the mRNA sequence/code of viral antigen of choice for example the “spike protein” is synthesized artificially (in vitro) and introduced using lipid nano particle as carrier into the host cells. This will relay the message to produce the viral protein (translation) in the cytoplasm of the host cells. An immune response against the viral antigen/protein will lead to production of antibodies that will prevent the attachment of viral to host cells during infection.

Virus-vectored vaccines: In this strategy the genes of the viral protein of interest (e.g: spike protein) administered into the host using harmless virus as vectors (vehicles). Usually, non-disease-causing virus such as adenovirus are used as vectors. These vaccines use a non-replicating or replicating virus as vectors for gene delivery. Once the gene is delivered inside the host cell, the transduced host cells will start producing the viral protein. An immune response against the viral antigen/protein (e.g: spike protein) will lead to production of antibodies that will prevent the attachment of viral to host cells during infection. More recently, antigen presenting cells are combined with viral vector-based delivery to improve immunogenicity for improved protection.

Virus-like particle or nano particle vaccines: In this strategy, structural viral proteins are artificially expressed together to form non-infectious particles of virus with only shell and no content (genome). This virus-like particle or shell will behave like an immunogen to provoke an immune response leading to production of antibodies against proteins (e.g. spike protein) that forms the virus shell which in turn will prevent the attachment of viral to host cells during infection.

Live-attenuated virus vaccines: This vaccine mimics a live virus infection, but without the associated morbidity. Here the virus is rendered weak or made non-pathogenic by mutagenesis or other in vitro methods. This will enable the virus retain the much-needed immunogenicity to induce protective antibody response but without causing harm to the individual.

Dr Kannan : Now the most important question, how safe is it to take the COVID 19 vaccine. What would be the side effects which you anticipate ?

Dr Swami : It is an important question indeed, however, in my opinion in the current context of the pandemic and the options available the benefits definitely outweighs the risk. Nevertheless, it is important to clarify or allay the fear surrounding the side effects of COVID-19 vaccine. Firstly, we should clearly make a distinction between “health related changes after a vaccination” versus “health related changes because of vaccine”. Currently, due to the speed in communication particularly in mass media, this distinction is often not stated. Further, there is no follow-up communication regarding the status (whether it is vaccine related or not) of the reported side effect or adverse effect. All the side effects which apply to many earlier approved vaccines such as pain and/or inflammatory reaction at injection-site, fever, muscle pain, headache, etc still applies to COVID-19 vaccine. The discussion of side effects is amplified as it is directly related to a major event such as COVID-19 pandemic. I believe it is the duty of health care professionals to provide the adequate information to general public that would enable them to distinguish between “health related changes after a vaccination” versus “health related changes because of vaccine.” The regulatory bodies with the qualified professionals will monitor these reported adverse events and classify them as those related to and not related to the drug/vaccine of interest. Hence, it is important for us to pay adequate attention to what is being described as side effects. It is certainly many times less risky than travelling on our roads. Yet we do, since, we are aware of the risks of road travel, we classify them and we prepared to identify them early and mitigate it when it occurs. Similar approach here is necessary as well to direct the general public’s knowledge and awareness towards a right direction.

Since, the question asked include what would be the side effects that I anticipate, I would like briefly introduce about an important phenomenon called “antibody dependent enhancement (ADE) of disease following vaccination and/or antibody-based therapeutics particularly in such infectious conditions. What happens here is when the antibodies generated don’t have neutralizing capacity, they will still bind to the virus and (i) facilitate entry of the virus into the cell (and subsequent replication into inside the cell) via the interaction between Fc portion of the virus bound antibody and Fc receptor on the host cell, and (ii) cause immunopathology due to Fc-FcR mediated effectors of the virus-antibody complex. Despite this possibility, there is nothing to fear, as stakeholders are taking all the necessary steps to reduce any form of side effects due to COVID-19 vaccine. Many organizations, including, the Coalition for Epidemic Preparedness Innovations (CEPI) and the Brighton Collaboration (BC) Safety Platform for Emergency vACCines (SPEAC), are providing the necessary evidence and guidelines for safety assessment of COVID-19 vaccine candidates in an accelerated vaccine development era. More importantly, closely monitoring in any high-risk individuals with other co-morbidities during vaccination for early detection and management of adverse reactions by clinicians or qualified professional would prevent any irreversible morbidity or mortality.

Dr Kannan : How effective and how efficient would vaccination be against protecting an individual from COVID19 ?

Response: Vaccination against SARS-CoV-2 is one of the major strategies to prevent COVID-19. Since vaccination brings about targeted protection against a specific pathogen it is effective and an indeed an efficient way to prevent infection associated morbidity and mortality. As discussed earlier, the vaccine targets have been carefully chosen with multiple strategies adopted in the COVID-19 vaccine development. I believe there would no question with reference its effectiveness. Immunological profiling (Neutralizing antibody and T cell reactivity / memory) as part of post marketing surveillance and longitudinal studies would provide the mechanistic evidence underlying its effectiveness when correlated with infection exposure, morbidity, etc in the population. Further, such real-world data would also provide us with top lead COVID-19 specific vaccine candidates. Interestingly, the other vaccines (BCG vaccine) against other targets have also showed some remarkable association with protection against unrelated infection both viral and bacterial. Decades of evidence demonstrates that those individuals who underwent BCG vaccination exhibited increased protection against other viral and bacterial infections. This phenomenon is called “trained immunity”. The mechanism underlying trained immunity is based on BCG vaccination associated epigenetic changes in the innate immune cells such as monocytes. This emphasizes the usefulness of priming the immune system – both the innate and adaptive arms of the immune system. A similar phenomenon is claimed by a Indian vaccine, Sepsivac which is a vaccine developed using Mycobacterium w, as has been shown to effective against tuberculosis, leprosy and sepsis. Currently, BCG vaccine and Sepsivac are trialled for their usefulness against COVID-19. Since, majority of the currently available vaccines are administered intramuscularly or intradermally, it would be beneficial to have mucosal vaccination, as it can be delivered directly to the respiratory system /mucosa for improve effectiveness. However, it does come with its fair share of challenges as well.

Dr Kannan : Is Booster dose required for COVID-19 vaccination. If so, is it for every vaccine type or any particular vaccine type ?

Dr Swami : The booster dose within short intervals (within weeks) as one might have heard about recently in the clinical trials are specific to the type of vaccine. These are carefully recommended for a specific vaccine based on scientific evidence. The primary reason underlying booster dose in certain vaccines is to achieve the necessary initial protective immune response profile such as adequate neutralizing antibody titre necessary to render protection against SARS-CoV-2 infection and prevent COVID-19.

Dr Kannan : Would vaccination give a life time protection against COVID-19 or is it relative to time. If it is so, how frequently should one take vaccinations ?

Dr Swami : The intent of vaccination is certainly to induce a long lasting / life time immunological protection against a pathogen. However, the potency and availability of the “immune protective

factors” such as neutralizing antibody and SARS-CoV-2 specific-T cell immunity may vary over longer duration. There are some conflicting / varied reports regarding a reduction in the antibody titre within months and absence of T cell mediated immunity following natural SARS-CoV-2 infection. Since, COVID-19 is a new disease, this knowledge base is still building. Further, only longitudinal studies across different geographical locations and/or ethnicities with detailed immunological investigation (neutralizing antibody titre, T cell reactivity to SARS-CoV-2) in a larger cohort can provide unbiased evidence with reference to lasting immune protection against COVID-19. If the question is directed towards the need for booster dose over longer period, I would assume that would be similar to our other vaccines. We do regularly check for our antibody titres against certain vaccinations (e.g., Hepatitis B) and when antibody titres drop below the cut-off, a booster dose is advised. Once again, only longitudinal studies can provide us with this critical information. Hence, I would urge all readers to volunteer and increase awareness among general population to participate in such studies. These may merely involve providing a couple of millilitres of peripheral blood periodically. By doing so, we will be part of the answer to the question that we are facing.

Dr Kannan : The COVID liability seems to be coming down. I am quoting this seeing the drop in no of cases nationwide. Do you think this tapering effect is a good sign of COVID-19 Pandemic or you expect a second wave? If it's coming in control by nature, is vaccination an option or still a must ?

Dr Swami : This is a very pertinent question. Irrespective of one's belief regarding the tapering of the pandemic or its subsequent waves, I opine that it would be beneficial to get vaccinated, particularly front-line workers and high-risk individuals, as the asymptomatic still pose a major threat in the spread. It is also important for the development of herd immunity. It is important to note that herd immunity will only be protective if the population possess neutralizing antibodies against SARS-CoV-2. As stated earlier, we may still benefit from this vaccination, as was seen with BCG vaccine (trained immunity) in rendering protection against other infections as well, as discussed earlier.

Dr Kannan : Can children and senior citizens take the COVID-19 vaccine. How safe is it for them?

Response: COVID-19 vaccines were trialled in adult population, 18 – 55 years old as per regulation and were observed to induce the relevant immune responses with good safety profile. Based on these it is suggestive that it will be beneficial and safe in other age groups as well. Only a clinical trial can provide an unbiased evidence to address this important question. Since, elderly population fell in the high-risk group, clinical trials are being conducted in the elderly population. Observations from these recent trials in older age groups are quite encouraging both in terms of immediate efficiency and tolerability. It is stated it is comparable to the adult population trialled earlier. Based on these it is deemed to be safe in the elderly population. However, it would always be wise to closely monitor any high-risk including elderly with other co-morbidities during vaccination for early detection and management of adverse reactions, if any. As stated earlier, the efficiency and safety of these vaccines in children can only be determined following a clinical trial

in this population. Though children don't fall under the high-risk group, yet, it is important to conduct these clinical trials in children. It would be wise to be both cautious and inclusive as we are battling a new disease. Further, only a longitudinal clinical trial with detailed serological investigation in a larger cohort can provide unbiased evidence with reference to lasting immune protection and immunological profile across the different age groups.

Dr Kannan : We are proud that India is developing its own indigenous vaccine, namely Covaxin. How effective would covaxin be as compared with its peer group ?

Dr Swami : We should certainly be proud of this achievement. As to effectiveness, I believe it will be comparable to the other vaccine candidates. We should also be aware of its type (inactivated virus). Only read world data from longitudinal studies will provide us with the answer. As I said earlier, I would urge all readers to volunteer and increase awareness among general population to participate in such studies. By doing so, we will be part of the answer to the question that we are facing.

Dr Kannan : Now the question which puzzles us all.... which Vaccine to choose, once every vaccine gets available on the platter ?

Dr Swami: The decision should only be taken by the individual himself/herself, possibly after consultation with clinicians/qualified/authorized personnel. Certainly, one's decision should not solely rely on mass media communications. Information from mass media should be thoroughly scrutinized along with qualified personnel prior to decision making. Two critical factors would influence one's choice on which COVID-19 vaccine to select from those that is available. First factor will be based on the efficiency and safety of the vaccine. Second, would be based on the economics and accessibility to the vaccine. The efficiency and safety of the vaccine will be based on the following characteristic features (i) stimulate substantial titres of neutralizing antibodies, (ii) stimulate very low or no non-neutralizing antibodies – to reduce possible antibody dependent enhancement (ADE) of disease, (iii) induce a strong Th1 response and weak/no Th2 response – to reduce possible vaccine induced immunopathology, (iv) immunological memory – that would last for many years at the least, (v) the bonus feature but not a mandatory one is the ability of the vaccine to provide possible protection to other corona viruses, (vi) vaccine developed and manufactured following good laboratory practice (GLP) and good manufacturing practice guidelines (GMP), and those with an indicator that shows storage conditions (if storage conditions are critical) adherence – this is to reduce any adverse reactions such as allergy/anaphylaxis due to excipient / leached out/unstable products in the formulation. Second critical factor is the cost and how long one has to wait to get the vaccine. Since, all the vaccines are showing effectiveness in early clinical trials and the relevant agencies of Government of India (GoI) are carefully regulating COVID-19 vaccine development, any COVID-19 vaccine approved by GoI that is available at the earliest to one can be chosen for administration.

Dr. G.V.D.Harsha,

Reader at Vishnu dental college, Bhimavaram, Andhra Pradesh.

Our Dancing Peacock from IOS Family

Kuchupudi Dancer to Perform at the National Stage



*Dr Swati Acharya,
Section Editor Covers her Interview*

1. Your introduction? What motivated you to start dancing?

I'm Dr. G.V.D .Harsha, Reader at Vishnu dental college, Bhimavaram, Andhra Pradesh. I live in a small village named 'Akividu.' I have done my schooling in the same place. At the age of 8yrs, I started learning dance at school and started giving on-stage performances at School Annual day programs. Having seen my talent, my teachers and parents began to encourage me. Out of my interest in dance, I joined a dance academy, "Abhinaya Nruthyabharathi," at Eluru, 18kms away from Akividu. Initially, I had to travel all way long, every weekend, to pursue the Kuchipudi dance at 9 yrs. After seeing my Passion for dance, my Guru 'Hemasundar' started traveling to Akividu, my home, to teach dance. This particular moment boosted me and served as a strong motivation to learn dance. Later many friends of mine joined with me to learn dance from my Guru, and this small achievement of mine led to the establishment of Kuchipudi dance academy at akividu.

2. What dance styles can you perform? Where are when did you learn this dance form? Are they hard to follow?

Kuchipudi, Tarangam, Folk dance are a few of them which I'm pretty good at. The Tarangam dance is incredibly unique because I'm supposed to balance on the edges of a brass plate with the feet kept on its rim and execute hand movements while balancing a pot of water on the head without spilling a drop of water on the ground. This balancing is a little hard to learn but can perform with ease with the right practice. I learned all these dance styles parallelly from my Guru.



3. What experience you have with this style? What specific movements are important?

I have started learning dance since I'm young, and the learning phase always has the initial glitches like any other activity. Along with dance, expressions play a significant role in good performance. Kuchipudi is mostly based on scriptures and mythology and has Sanskrit and telugu verses and can be called a dance drama. Understanding those verses' meaning helped me carry forward the dance to the next level with useful expressions. The combination of Laya, Thandava, and Abhinaya (rhythm, footsteps, expressions) is vital in this dance form.



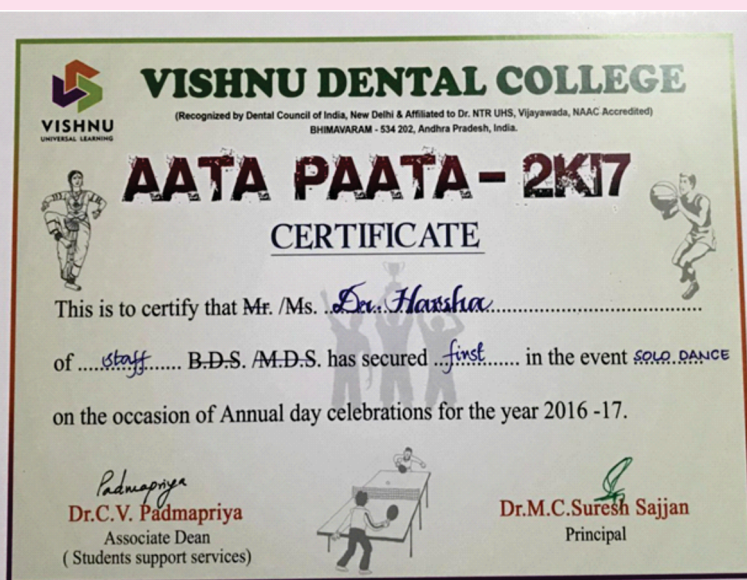
4. How did this change your life? As an orthodontist, how do you manage time for Your Passion?

Stage shows of mine added unbounded happiness and helped me to get out of stage fear for anything. This boosted me to learn and participate in various competitions like elocutions, bhagavadgita chanting, artworks, paintings etc. I understood that possessing art is like owning a treasure that gives happiness for lifetime and that is the decisive reason that made me continue my Kuchipudi dance till now. Any passion always needs time, and my target is to give atleast one dance show or participate in one dance competition per year, which would motivate me to get adhered to dance. Nothing to brag about, but dance has become a part of my life, and it's been 20 years since I started learning dance.



5. Your achievements?! Who are your dance teachers?

I excel in performing Lord Vishnu's Dashavtaras, Shiva tandava, Tarangam. I've performed for many stage shows at famous temples in Tirumala, Bangalore, Dwaraka Tirumala, Eluru (vengiutsavas), Bhimavaram, Amalapuram almost every year. I was an invited dancer for the Kuchipudi dance form from A.P. State at a national event organized by 'Sarada Kalasamithi,' a cultural organization. I have won 3rd prize at the National level Kuchipudi dance competitions, second prize in national level folk dance competitions, and received second prize in dance competitions organised by State IDAUG conference. I have learned dance from my Guru' Hemasundar.'





6. What would you do if you felt that you could not perform up to your standards one fine day? Do you feel demotivated?

I would never feel demotivated. I always believe that passion will find a way. If not, I wouldn't mind choreographing or teaching dance to others and encouraging the upcoming dancers passionate about dance. That would be a pleasure. And also, dance is not my career choice. I have an alternative career as well.

7. What music and costume accompany this dance?

It is based on classical Carnatic music and accompanies a live orchestra Mridangam, tambura, flute, veena, violin. The grace of Kuchipudi dance is enhanced with the dressing style. The costume looks like a saree, but it is stitched with a pleated fan in front to highlight the exacting footsteps.

8. Anything else you want to mention to our readers?

Do what you love and love what you do. Nothing is Impossible. Discover your strengths and follow your passion, as, I believe Passion is the only driving force to achieve anything desired.

'Passion is energy. Feel the power that comes from focusing on what excites you.'





Indian Orthodontic Society

**grieves at the loss of our
Founder Member**

Dr Naishad Parikh



**Dr Naishad Parikh is a
founder of Indian Orthodontic Society.**

**He served as the
1st Hon. Secretary & Treasurer of IOS
for term 1965-73**

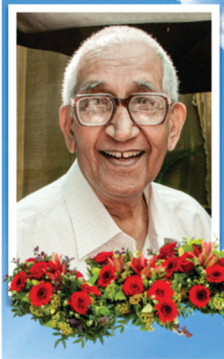
**He served as the President of IOS
for the term 1973-75**

**The news of his demise to nature
came as a shock for our members.**

**The office bearers, senior members and members of IOS,
conveyed sincerest condolences
to his family & friends**

**We pray for his soul to rest in peace and that god give his
family and friends the strength
to bear the pain of bereavement.**

*Dr Samraj, our esteemed Past Secretary,
shares his memories of Dr Naishadh Parikh
and their days together as they served IOS*



DR. NAISHADH PARIKH
(The Dr. Parikh I knew – Personal profile)

My first meeting with Dr. Naishadh Parikh was when he came as my MDS (Orthodontics) Part II Examiner to Government Dental College Bangalore in 1968. He was a terror with his pipe in mouth and asking questions, but was patient and listened carefully to the answers given by the student. I shall say that he was instrumental in 3 of us passing as the first batch from GDC Bangalore. From the time I passed, he was very friendly with me. I heard that he was an excellent Teacher and Clinician from my batch mates in Nair Dental College, Mumbai.

Dr. Parikh's journey into Orthodontic Society began prior to 1962. He was instrumental in getting the Bombay Orthodontic Study Group established in 1962, which met regularly for clinical case presentation and discussion of treatment plans to further their knowledge in Orthodontics. The founder members of IOS were the members of the Bombay Orthodontic Study Group and Dr. Naishadh Parikh was Secretary. The Bombay Orthodontic Study Group paved the way for the formation of the Indian Orthodontic Society in 1965.

Dr. Parikh was chosen unanimously as the Founder Secretary and Treasurer of Indian Orthodontic Society for a term of 2 years, and was re-elected 3 more terms covering a period of 8 years during 1965 to 1973. In 1973, he took over the mantle as President of the Indian Orthodontic Society for 1973 to 1975. During this tenure he also served as the President of Indian Dental Association during 1974-1975, thus becoming the first person to occupy the position of President of two dental associations in India.

During his tenure as the Founder Secretary and Treasurer of Indian Orthodontic Society, he is credited with establishing the following:

1. The constitution of the Indian Orthodontic Society was drafted by him which is still in vogue, of course with various amendments required as per the changing times. He also played a pivotal role in the drafting of the Constitution of Indian Dental Association.
2. Dr. Parikh was meticulous in recording of the minutes and his maintenance of Office records was extra ordinary – particularly the Bound Books of Management Committees and Annual General Body Meetings of IOS. Both the minutes books, which he used to carry for all meetings for 8 years, were duly signed by the President in the next meeting. This served as an inspiration for me and many others. The records were handwritten originally, typed and pasted later and still later with computer print outs. The first two original Bound Books of Management Committees and Annual General Body Meetings of IOS are well preserved and are available in IOS Office.
3. Dr. Parikh had excellent memory and can quote verbatim from both IOS and IDA constitutions. Members used to ask him for clarifications in the constitution and referred to the books only when he was not present in the meetings, which was very rare.
4. Dr. Parikh was a strict disciplinarian, adhered and respected the rules while conducting the meetings or participating. He always welcomed suggestions and implemented them if it is beneficial to the profession. He supported all progressive decisions of IOS and helped to implement them.
5. Dr. Parikh was a jovial person outside meetings and led a well-mannered social life. He was Dr. Parikh to all and Naishad for his friends. His wife Vrinda and children Neha and Nirav supported him in all his endeavours in the orthodontic and dental profession.
6. At this point of time, I would love to place on record that whatever I learnt from Naishad on rules and procedures, I tried to follow them scrupulously and I assure you that it was highly beneficial to me in my professional career and in my various administrative assignments.

It is to be etched in golden words that it is Dr. Parikh who laid the foundation for establishment of the Indian Orthodontic Society, as the first dental speciality Association in India, drafted the IOS Constitution, strictly adhered to the maintenance of Office records and procedures, thereby building IOS what it is today..

On his demise, the Indian Orthodontic Society has lost a doyen of Indian Orthodontics.

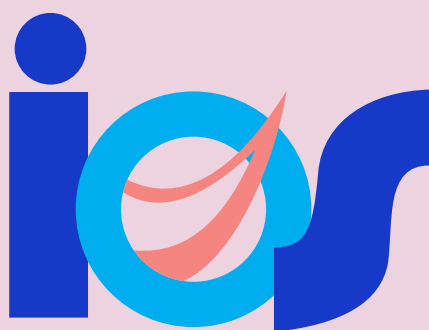
Dr. T. Samraj

Secretary & Treasurer IOS 1982-2001

Secretary IOS 2001-2002

***Brought to You by
Public Awareness Committee
of IOS***

**Prepared by
DrGaurav Gupta
Chairman,PAC**



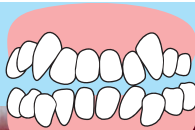
TEETH STRAIGHTENING FOR KIDS



Why? Treat Early



CROWDING



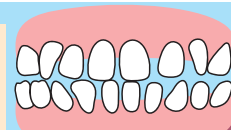
Can appear as rotations, two rows of teeth, or teeth pushed forward/backward. Risk of permanent gum recession.

STOP PROBLEMS BEFORE THEY START

You can fix teeth at any age. But it is easier to help teeth come in straight than it is to correct them later.

INCREASE STABILITY

Teeth have a memory. The straighter they erupt and the earlier they are aligned, the more stable they will be for the rest of your life



SPACING



Could be caused by thick gum tissue (frenum) between the upper front teeth. Early correction is much more stable.

PROTRUSION



Increased risk of injury to front teeth when playing sports. Best corrected while growing.

TAKE ADVANTAGE OF GROWTH

Jaw discrepancies are often best corrected while the patient is still growing. If you can re balance the jaws early, they will develop more normally and with better function.

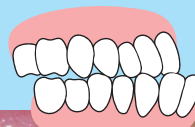


DEEP BITE



Lower teeth biting into roof of the mouth. Can cause gum irritation and infection.

UNDER BITE



Lower teeth are in front or outside of the upper teeth. Improper bite. Best corrected while growing.

IMPROVE ORAL HYGIENE

Straighter teeth are easier to clean. This reduces the risk of cavities and gum disease.

REDUCE INJURY RISK

50% of children suffer a dental injury while growing up. This number grows to 90% if the upper front teeth are protrusive.

BOOST SELF ESTEEM

Children with straighter teeth are often more social, more confident, and more likely to participate at school.



OPEN BITE



Could be a jaw issue or a persistent habit of sucking on fingers or thumbs. Much more difficult to correct when older.

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



OrmcoTM
YOUR PRACTICE. OUR PRIORITY.

The **Damon Smile**
that steals the limelight.



Clear braces, Clear results.

Mail: mktg.india@ormco.com