



Prosthodontics Tamilnadu

The official newsletter of the Tamilnadu Prosthodontic and Implant Society
(Under The Aegis of the Indian Prosthodontic Society)

Mission Statement

To be a medium for exchange of ideas and information, related, but not limited to Prosthodontics, that will improve awareness in a holistic way for the members of the TPIS community.

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Editor's Note



"The only good is knowledge and the only evil is ignorance." – Socrates

Greetings!

The Tamilnadu Prosthodontic and Implant Society (TPIS) is launching "Prosthodontics Tamilnadu", its e-newsletter service, which is a significant milestone for our young and dynamic body.

As the Editor, I feel honored to be part of this landmark event and process. To the executive body of the society, our Associate Editor, Dr. K. Madhusudan, and to all the members, I extend my heartfelt thank you for giving me this opportunity.

Today we are at the threshold of dynamic growth witnessed in all spheres of life. There is no excuse for not expanding our horizons and keeping ourselves informed about happenings not only in our chosen fields, but also those in allied realms. No longer can we claim refuge in ignorance. It is precisely in keeping up with this spirit that this endeavor has been launched.

This venture is an initiative by and for our members. I would like to encourage all our members to actively contribute, post feedback and thereby participate in making this newsletter a vibrant and dynamic forum of our TPIS community. We are taking our baby steps today, but the future holds promise of greater achievements and that can happen only with your active encouragement.

With this I welcome you all to the world of shared knowledge and empowerment!

Dr. K. Chitra Shankar

Editor - Prosthodontics Tamilnadu



MESSAGES

From the Patron's Desk...



Tamilnadu Prosthodontic and Implant Society is completing its fourth year of existence and it is an unique privilege for me to compliment Dr. Chitra for her vision to bring out a news letter for the TPIS. This is a memorable event in the history of Prosthodontics in our state. This initiative to bring out a news letter will have immeasurable scope to contribute to the progress of Prosthodontics as we share our knowledge and experiences on research, discovery, development and experimentation.

At the time of independence in our country there were only three to four dental schools, but only one in Lahore imparted University education (BDS) degree, which later went to our neighboring country after partition. The others conferred licentiate (LDS) diploma. From these limited dental education facilities we have made significant progress since independence. Ten years after independence there were only about seven dental colleges imparting university dental education and it took twenty years to have fifteen dental colleges and it took over a decade after independence to commence postgraduate course in Prosthodontics in two of the dental colleges in Bombay. Today you are well aware of the staggering statistics of dental colleges which impart Post graduation in our country.

Forty years back when the society was formed our professional colleagues as well as our counterparts in other specialties of Dentistry were rather skeptical, apprehensive and looking forward to the survival of this Society. It is a matter of pride for all of us and particularly for me as a founder member that the Indian Prosthodontic Society has not only survived the vagaries inherent to a specialized Academic Society, but on looking retrospect, after four decades in the formation of Indian Prosthodontic Society we have made significant progress with our aspirations and achievements. Since the inception of our Society in 1973 it had several notable milestones; each of these have contributed very largely towards establishment and recognition of IPS as a major specialty society in India. Today the Indian Prosthodontic Society is spreading its wings to overseas countries. Each one of them who have toiled and contributed to it is a nucleus or a precursor of the succeeding one, and their importance and contribution is praiseworthy and should be never forgotten. It is my wish that this chain reaction of these events should multiply and motivate our members to further the excellence of our society.

As far as Tamilnadu State, Dr. Chitra has made a beginning to initiate a news letter as an official organ of TIPS. My congratulations to her.

Prof. Emeritus Dr. Med. Dent E.G.R. Solomon

President, Indian Prosthodontic Society



I am delighted to hear that the Tamilnadu Prosthodontic And Implant Society has planned to start an e-newsletter for the benefit of its members.

I am glad that this society is following the footsteps of its mother organization The Indian Prosthodontic Society.

I believe in propagation of knowledge & scientific information. One of the good ways of doing this in today's age is by having this extremely valuable communication tool, to start with.

I hope this becomes a forum for innovation in Prosthodontics practice, offering readers a first look at cutting-edge thinking from Prosthodontics faculty and provides a valuable source of inspiration to the young minds seeking to gather more information about their organization. I wish all success to this endeavor.

Dr. Udey Vir Gandhi

President, Tamilnadu Prosthodontic & Implant Society

Secretary-cum-Treasurer, Indian Prosthodontic Society



Dear Members,

I am extremely delighted that the first newsletter of TPIS is being released & is to be an ongoing feature. This will enable members in the region

to share views, knowledge & experiences about all aspects of life & the specialty. I would like to congratulate the entire Executive Council of TPIS for this enterprising initiative.

With best wishes,

V. Rangarajan

Dr. V. Rangarajan

Message From the Secretary of TPIS



This year the Tamil Nadu Prosthodontic and Implant Society commemorates the fifth anniversary since its establishment. As Secretary of the society, I would like to mark this milestone, which is indeed an extraordinary accomplishment and epitomizes the will, determination and lasting success of an organization that has worked tirelessly towards protecting the sovereign interests of its members.

TPIS was founded by Founder Member of IPS & eminent prosthodontist Prof. EGR Solomon, Past President of AAP Prof. T. V. Padmanabhan, the Honorary Secretary cum Treasurer of IPS, Prof. V. Rangarajan and a group of enthusiastic academicians and clinicians across the state. Being one of its kinds, we have set an example as well as inspired Prosthodontists from other states to form such committees that serve as a common platform to exchange ideas and opinions. The forum holds its annual meet regularly to develop a fellowship amongst peers and contribute to the enhancement of knowledge and skill in a healthy environment.

I take pride to state that TPIS had the honour to conduct the 40th Indian Prosthodontic Conference which is the first international conference at Chennai; themed "Prosthodontics: Beyond Frontiers" held in conjunction with the 8th Biennial meeting of Asian Academy of Prosthodontics. This is definitely a feather in the cap of TPIS journey of excelling in the field of prosthodontics. The success is undoubtedly attributed to the untiring efforts of our Past President Dr. T. V. Padmanabhan and Present President Dr. V. Rangarajan.

Another significant achievement is the commencement of e-letter of the TPIS. I applaud the editor Dr. K. Chitra Shankar and her team for their effort and wish them all the best. It is evident that the prosthodontics fraternity is clawing itself back up from the depths of the precipice it occupied over the past years which means that we are entering a growth curve certifying development and expansion. This spells good news for our organization- "the more the merrier".

It certainly has come a long way since its inception and with undeniable commitment we hope to go a long way in the coming years. I wish the organizing team of the 4th TPIS conference the best of luck and hope to meet one and all at the Puducherry - the beautiful land of beaches.

Dr. K. Murugesan

UPCOMING EVENTS ...

1. NATIONAL EVENTS

- IV CONFERENCE of the Tamilnadu Prosthodontic and Implant Society, Aug 31-1 Sept 2013 at Ocean Spray Resort, Pondicherry.
- 41st Indian Prosthodontic Society Conference, Nov 13th to 17th 2013, Gujarat, India.

2. INTERNATIONAL EVENTS

- IX AAP CONFERENCE, Nov 2013, Taipei, Taiwan.



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MESSAGE FROM THE ORGANISING SECRETARY OF IV TPIS CONFERENCE



Dear Colleagues,

At the outset, I thank all of you for giving me this tremendous responsibility and honor to organize the 4th TPIS Conference in Pondicherry. The Tamil Nadu Chapter has always been an active and vibrant society. I owe my gratitude to the stalwarts of TPIS, whose constant support and blessings has made my task easier in this organizational work. I am really obliged to President Prof. Dr V. Rangarajan the Secretary cum treasurer Dr .K. Murugesan and my Teacher and Past President Prof. Dr. TV Padmanabhan, and Organizing Committee for their unstinted support in organizing this conference. Truly speaking, my team of chairman and members of various sub-committees has been a big support to me in my organizational work.

The aim of the conference is to keep up with the pace of rapid developments in the field of Prosthodontics and Implantology. It is very essential that the practicing dentist keep themselves abreast with the recent developments in their respective fields, so that the benefit can percolate to the patients at large. I am sure our

Scientific Committee is leaving no stone unturned to make this happen.

I hope that with the efforts of everybody, the conference would enable the participants to update their knowledge with basic and recent advances in our field. I am sure the conference would meet the expectations of the delegates and all of us will have wonderful and memorable time in the days to follow.

We are fortunate to have an outstanding faculty who are masters in their field and I am sure that you will enjoy the flashes of expertise during their discourse and benefit with a good interaction with them.

Lastly the excellent social evening programs will make your visit memorable. I hope that this conference will leave you with sweet memories of the academic feast in the background of rich heritage of Pondicherry.

I once again welcome you all to Pandy in August.

Dr. Abby Abraham

Organising Secretary, IV Tamilnadu Prosthodontic and Implant Society Conference



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NEWS & VIEWS

Recent Advances in Diabetes Management

Dr. Jayashree Gopal,

Senior Consultant Endocrinologist and Diabetologist, Apollo Hospitals, Chennai & Diabetes First, Dr. E. V. Kalyani Medical Center, Chennai.

Advances in understanding the pathophysiology of diabetes and its complications have led to some paradigm shifts in the way we approach, monitor and treat diabetes. I shall briefly touch upon one key concept – that of glycemic control, one of the basic tenets in diabetes management:

Old concept: Tight glycemic control is essential - the lower the HbA1C the better

New concept: Too low is as bad as too high.

Why and how did this change occur? In the late 1990s and early part of this century, the concept of multifactorial management of diabetes, that is the need for treating not only blood sugars, but also blood pressure and cholesterol, was understood to be essential in preventing diabetes complications. Then in the late 2000s, 3 articles were published in the NEJM – ACCORD, ADVANCE and VADT, which changed the way we approached glycemic control. All of these studies were set up to evaluate the effect of tight(ER) glycemic control on reducing macrovascular complications. So for example, the ACCORD trial wanted to see if a HbA1C of 6.0% was better than 7% in reducing the risk of a heart attack. They tried to achieve this tight glycemic control by intense treatment (with oral agents and insulin) and regular monitoring of blood sugars (up to 6-8 times per day).

None of the studies showed an improvement in cardio-vascular mortality. In fact, the ACCORD trial was terminated at 3.5 years (instead of letting it run up to 5 years), as more people randomized to the intense treatment group were dying! In the other 2 studies, there was no excess mortality in the intense treatment arm as compared with the control conventional treatment arm, but there was no reduction in CV events either. There were various reasons postulated for this increased risk, but they boiled down to a couple – the people in the intensive treatment arm gained more weight, and had more hypoglycemic events.

Even prior to this study, it was known that when we tried to achieve good blood sugar control, there was a concomitant risk of hypoglycemia and weight gain with certain of the treatments we used. The lower the HbA1C, the higher the

chance of hypoglycemic episodes. This occurs because the medicines (particularly insulin and sulfonylureas) are nowhere as good as our pancreas in regulating the blood sugars. They push the blood sugars down, and that's it. There is no nuanced adjusting of the exact dose as our body does. However, till this study (and some others), the medical community did not fully understand the risk of frequent unrecognized, and often untreated low blood sugars.

The late 1990s also saw the rise of continuous glucose monitoring systems, which led to the recognition that 50% of people on treatment with diabetes medications have at least one low blood sugar episode daily. In people with type 1 or insulin dependent diabetes, these episodes occur more frequently. The general thinking was that low BS was a nuisance, and nothing more. Now it is clear that every time our blood sugar drops, there is a complex neuro-hormonal cascade that gets activated. This is done as a protective mechanism by our body, to prevent the brain from going without glucose for too long (the brain is dependent on a continuous supply of glucose). With the activation of these neural and hormonal mechanisms, blood glucose levels are restored. However, as part of this body's response to low blood sugar, inflammatory cascades also get activated. It is thus believed that repeated episodes of hypoglycemia lead to a hyper-inflammatory state, which may lead to atherosclerosis in the long term.

With this new understanding of the pathology of hypoglycemia, it is easier to understand how trying to achieve low BS, can lead to recurrent hypoglycemia, which in turn may increase risk of arrhythmias and atherosclerosis. Hence, we have the new concept of "individualising" HbA1C. It is not one size fits all. A young person, soon after diagnosis, with no other co-morbidities, should try to achieve a HbA1C that is as close to normal as is possible, say < 6.5%. An older person, with H/O heart attacks or strokes, with other co-morbidities, who may not recognize a hypoglycemia episode easily, should have a target HbA1c of 7-8%.

The types of medicines we choose and use also varies depending on the clinical situation. There are certain newer medicines (the gliptins) and newer insulins (the analogs) that carry lesser risk of hypoglycemia, and hence are helpful in people who are at higher risk of hypoglycemic morbidity.

Conscious Sedation in Dentistry

Dr. N. Elavazhagan, MD (Anaesth)

Professor, Dept. of Anaesthesia, Asan Memorial Dental College, Keerapakkam

Dentistry has long been associated with pain, anxiety and fear. Pre-procedural counseling helps in eliminating fear in most of these patients. But there remains a small group of around 8 – 14% of people to whom some form of pharmacological means is needed to overcome this undue fear. Sedation dentistry has enormous applications other than managing the anxious patients. Intravenous and inhalational sedations are the most popular modes of dental sedation. The terminology conscious sedation was coined in 1985 by Dr. Randy. This got replaced by the newer terminology called procedural sedation.

Conscious sedation is a technique in which the patients are taken to a minimal level of depressed consciousness by some pharmacological means wherein patients remains sedated, but they maintain their ability to protect their airway and breathe well unaided.

Inhalational sedation is the oldest but still the most popular and the safest method of sedation. Inhalation of nitrous oxide and oxygen mixture through a tight fitting mask makes the patients relieved of their anxiety. Weak analgesic property of nitrous oxide enable dentist to administer local infiltration or nerve block with minimal discomfort to the patient. The inhalational sedation units are built with all the safety measures that are needed to prevent complications.

Intravenous sedation is relatively a new technique in dentistry. Although many drugs can be used for dental sedation, Midazolam and Propofol remain the most popular agents. Intravenous sedation gains its popularity being very rapid in onset and at the same time titration is possible. Technique is very effective. Higher monitoring standards are needed for IV sedation.

Indications for sedation other than dental anxiety include patient with severe gag reflex, patients with long dental procedures, patient with diseases like coronary artery disease, hypertension, arrhythmias, diabetes, bronchial asthma, epilepsy are to name a few. The dental council of India (DCI) in its guidelines recommends the procedure to be carried out in a fully equipped hospital facility with emergency equipments by a qualified medical Anesthesiologist. Although complications are listed due to improper sedation, if the principles and the guidelines are followed it is extremely safe and simple technique.

Changing Face Of Implantologist



Dr. SANJNA NAYAR, MDS.,
Prof & Head

*Sree Balaji Dental College
And Hospital, Chennai*

Implantology has taken a big stride as a treatment modality in restorative dentistry. Current trends, esthetic demands have made dental implants as the treatment of choice of almost all patients. The quality of prosthetic replacement with unmatched success both in terms of esthetics and function can be attributed to newer restorative techniques and materials. To achieve this success we need a comprehensive treatment planning of every case. A treatment protocol should be developed by team members on the basis of multidisciplinary approach to allow comprehensive and

competent treatment plan. This coordinated approach to treatment requires the expertise of an oral radiologist and oral surgeon, periodontist, prosthodontist and a laboratory technician and at times an endodontist and an orthodontist.

To site few examples, the latest CT scan technology and 3D computer imaging aid the prosthodontist to place prosthetically driven implants. The benefits range from less invasive surgical techniques to reduced discomfort and healing time. The lack of soft tissue volume or the preservation of interdental papilla for primary soft tissue closure in immediate implant therapy and recreating the gingival contour can be coordinated with the consultation of a periodontist. Multidisciplinary coordination not only improves the esthetics and function, but also helps the prosthodontist deliver the highest level of dental care to each patient with no complications. Comprehensive dental care is the critical need of hour.



Zygomatic Implants



Dr. R. Hariharan, MDS

Reader, Dept. of Prosthodontics, Ragas Dental College & Hospital, Chennai.

Oral rehabilitation with dental implants have undoubtedly become a reliable treatment modality in the current decade. Dental implants can be used for replacement of single missing tooth to a complete set of dentition. The rehabilitation with oral implants is sustained in the osseointegration concept. This concept is based on the anchorage achieved by endosseous implants to the bone. Osseointegration can take on an average 3 to 6 months depending on the quality of the bone.

Increasing patient demands regarding esthetics and function led to the concept of immediate loading. Immediate loading of implants have shown to have success rates similar to delayed loading of implants. Rehabilitation of completely edentulous arches with 4 to 6 implants have shown to have good success rates. The biomechanics involving splinted implants have opened up an avenue wherein implants placed in maxilla can also be immediately loaded with a fully fixed screw retained restoration till the first molar.

Some maxillas are so resorbed that the insertion of standard implants is impossible. Extreme resorption of the pre maxilla, pneumatization of the maxillary sinuses creates a huge challenge in restoring the upper jaw with fixed teeth. Sinus lift, sinus graft or onlay grafts using various surgical approaches are commonly proposed with an overall success rate of 60–90%. The morbidity involved in grafting procedures, time for graft consolidation, multiple surgeries and delayed loading of the implants inserted in the grafted bone have been deterrents for this modality of treatment.

The zygomatic implant is an alternative to bone grafting in extremely resorbed maxilla. Even in complex cases such as maxillary defects, tumour resection and congenital disorders like ectodermal dysplasia, zygomatic implants can provide valuable rehabilitation for patients.

Patients presenting with bone only in the maxillary anterior region can be rehabilitated by placing two Zygomatic implants and 2 to 4 anterior standard implants. The Zygomatic implants are long implants (35 to 55mm in length) which engage the Zygomatic bone and gain a distant anchorage.

The platform of these implants emerges at the bone crest corresponding to the premolar region. The cortical anchorage that is provided by the Zygomatic implants make it possible for providing the patient an immediate fixed screw retained prosthesis till the first molar.

A computerised tomogram scan obtained with a diagnostic denture is used for planning with the help of planning softwares. The installation of Zygomatic implants is usually done under general anesthesia by experienced implant surgeons. The anatomy of the zygoma (Zygoma Anatomy Guided Approach) and the desired position of the prosthesis determine the implant angulation. Multi unit abutments are then connected and impression made to fabricate an immediate, fixed provisional prosthesis.



Patients presenting with deficient bone in the anterior maxilla can also be addressed to by placing two Zygomatic implants in each zygoma (quad zygoma).

Complications ranging from sinusitis, nasal discharge to orbital injury have been reported in literature stressing the need for an experienced surgeon in placement of these implants. Use of CT scan, proper prosthetic planning and fabrication of a passively fitting prosthesis is a must to obtain a good treatment outcome. Hygiene measures should be stressed upon to the patients for maintenance.

To conclude, patients should be educated about this fascinating modality of treatment which can bring back their lost smile within few days. With an increasing elderly population due to increasing life expectancy, patients should be provided with the latest modes of replacing teeth to increase their quality of life.

Effective Bio-dental Waste Management for Private Dental Clinics...



Dr. Vidyaa Hari Iyer, BDS

Dentists have a social responsibility towards their neighborhood and environment by discarding the used personal protective aids in an eco-friendly manner. This social conscience is a morally bound duty for each and every practicing dentist. Hence the concept of effective biodental waste management is of utmost importance. The know-how of waste management is categorized into segregation of waste at source, disinfection of the waste, storage, transportation and final disposal.

These guidelines can assist a dentist in an effective, economical and eco-friendly management of bio-dental waste:-

- A waste management survey is the first step to be done by a qualified waste management officer for a nominal fee to determine the nodal points of waste generation and effectively categorizing them specifically for the clinic.
- Then segregate the dental waste into 5 major categories.
- Red bag which includes collection of used gloves, mask, head cap, suction tips, disposable light cure tips, syringe barrels etc.
- Yellow bag which includes collection of soiled cotton and gauze with body fluids, extracted teeth without amalgam or any other anatomical tissue from the oral cavity etc.
- A white big puncture proof container to collect sharps such as orthodontic wires, needles, reamers, files, broaches, blades, lancets etc.
- A small puncture proof container to collect teeth with amalgam fillings, unused

noncontact amalgam, mercury etc in a used fixer solution.

- A container to collect all used dental materials such as alginate impressions, rubber base impressions, dental casts, waxes etc after disinfection in 1% sodium hypochlorite solution.

- These containers and color-coded bags with bins can be procured from the private agencies that provide services to collect, transport and do the final disposal at a government approved secluded area. A nominal monthly fee is collected for the service. The bags should be labeled and clinic seal placed before usage.

- The clinic has to also be registered with the Pollution Control Board [PCB] for water, air and soil management of the clinic for a nominal fee according to the recent guidelines.

- These in turn aid in an effective management of the dental waste at source which reduces the incidence of nosocomial infections, hepatitis and AIDS.

- A register is used to maintain all such information which is subject to inspection by the PCB from time to time. An annual report should be submitted to the PCB on December 31st of every year.

- Any needle stick injuries should also be noted and the required protocol to be followed. Hepatitis B vaccination and booster doses should be given



to all the staff and a health card maintained.

These effective practices would ensure a safe practice for the dentist and his staff along with an environment friendly neighborhood for the society at large.

For further queries or guidance, contact:

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Obligations For Medical Professionals Under Income Tax Act

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I was surprised a bit when I got a call requesting me to contribute an article for the news letter of the Prosthodontists and Implantologists Society. I was wondering if someone mistook me to be a Medical professional. Then, I was told by my friend that the society wanted an article on "Taxation" or Finance in their newsletter.

I feel it would be better to share with my medical friends, their obligations with reference to maintaining books of accounts and records cast upon them under Income Tax Act, 1961.

Indian Tax Laws:

Tax laws of every country are complex without exception and Indian Tax legislation cannot be different. It may be a news, at least some of my professional brothers in medical profession, to know that a separate section is existing in Income Tax Act, 1961 to deal with Legal, Accountancy and Medical Profession apart from various other professionals like Artists etc.

Section 44AA of the Income Tax Act was introduced in the law books in the year 1975 which became effective from 01.04.1976.

This section mandates "Every person carrying on legal, medical engineering, architectural or accountancy profession shall keep and maintain such books of account and other documents as may enable the assessing officer to compute his total income in accordance with the provisions of this Act".

The statute does not provide for any exception in this regard like threshold limit above which the obligation is compulsory.

Obligation to maintain books of accounts by Medical Professional:

As per Section 44AA of the Income Tax Act, every medical professional carrying on the medical profession has to maintain books of accounts compulsorily.

For the sake of convenience the obligations are given in Question and answer format for easy understanding:

Question: Who are all required to maintain the books under I.T Act in India?

Ans: Every Medical Professional carrying on profession either individually or in partnership with others, is under obligation to maintain the books of accounts for the purpose of ascertaining correct income.

Q: Does the Income Tax Act prescribe any specific set of books to be maintained and if so, what are such books?

Ans: Rule 6F of the Income Tax Rules has prescribed specific books and other documents to be maintained by every Medical Professional carrying on the profession. They are:

- i) Cash Book;
- ii) A journal if the accounts are maintained according to Mercantile System of Accounting;
- iii) Ledger;
- iv) Carbon of copies of bills whether machine numbered or otherwise serially numbered wherever such bills are issued by the person, carbon copies or counterfoils of machine numbered or otherwise serially numbered receipts issued by the professional;
- v) Original Bills wherever issued to the person and receipts in respect of expenditure incurred by the person or where such bills and receipts are not issued and the expenditure incurred does not exceed Fifty rupees, payment vouchers prepared and signed by the person; Provided that the requirements as to the preparation and signing of payment vouchers shall not be necessary where the cash book maintained by the person contains adequate particulars in respect of the expenditure incurred by him.

Q: What is the consequence of non-maintenance of the above said books and records by anyone?

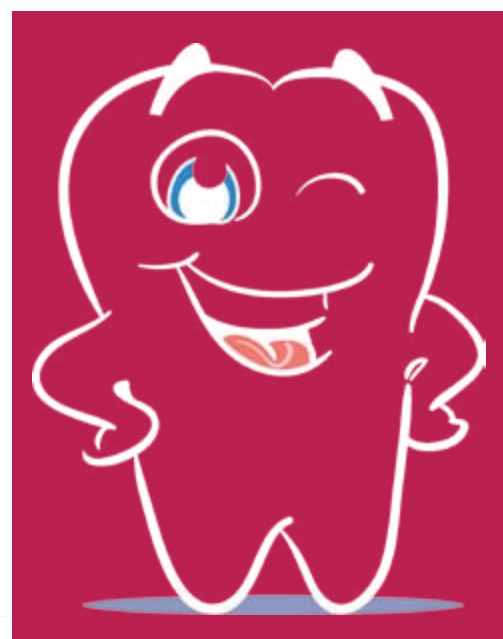
Ans: Under Section 271A of the Income Tax Act if any one fails to maintain or retain such books of accounts and documents as required under 44AA of the I.T Act, the assessing officer or Commissioner may levy a penalty of Rs.Twenty five thousand rupees

Q: Is there a time limit up to which such books and records have to be retained by a Medical Practitioner?

Ans: The books and records specified have to be kept and maintained for a period of six years from the end of relevant assessment year. In other words, the books and records relating to the financial year 2012-13 have to be retained and maintained up to 31st March 2020.

I have tried to summarise the provisions relating to maintaining books of accounts under the Income Tax Act, 1961 by a Medical Practitioner.

If there are any doubts any one may reach me on smohan@pmrco.org and I will be glad to clarify.



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DOWN MEMORY LANE...

Dr T. V. Padmanabhan, MDS

Past President, Indian Prosthodontic Society, Founder President, Tamilnadu Prosthodontic & Implant Society, Immediate Past President, Asian Association of Prosthodontists, Chairman, Indian Board of Prosthodontists



It was a very pleasant travel in car from Trivandrum airport to Kanyakumari to attend the 34th National Prosthodontic conference in 2006.

Dr. Ranga was sitting next to me – he was the Organizing Chairman. “Brother we have to make a mark in the field of Prosthodontics not only by contributing to the science but also do something good for the IPS. Most importantly, we have to bring to the limelight young Prosthodontists from Tamilnadu who are good in academics. “I did not answer him then. That night I was thinking hard on this, and the solution I thought was that we needed to be together and unity was the key and that alone would achieve this. For this we need an official post in the IPS, and I motivated Dr. Ranga to contest for the Secretary’s post of the IPS, which he won with unanimous support. The support from all the Prosthodontists of Tamilnadu was overwhelming; everyone was there to express their unity and brotherhood.

During the jubilant return, we conceived the idea of starting a Tamilnadu chapter of IPS. In the subsequent conference in Delhi, there was another episode where all the Prosthodontist from Tamilnadu got together supporting my candidature for the Presidentship. I won the election and the very next year we implemented the thought of starting the TPIS. We have been largely successful in giving opportunities for our Prosthodontists to deliver lectures, conduct pre-con courses in National IPS conferences & send budding talent for training to Japan. We have utmost satisfaction in encouraging the next generation of leaders by inducting them in the EC of the IPS. Friends, all this was possible only because of the support, camaraderie & unity among all of us.

This is just a beginning, remember friends the words of Mahakavi Bharathiyar ‘ondrupattalunduvazhu, nammitotrumai neengidil anaivarukkumthazhu”. In future too only this unity will keep us going. So join hands & work for the betterment of the profession & the specialty.

1st TPIS Conference at Ooty - 16 & 17 August 2009



2nd TPIS Conference at Hotel Shelters, Chennai - 5 & 6 February 2011



3rd TPIS Conference at Sterling Resorts, Kodaikanal - 21, 22 & 23 January 2013



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PS: We regret if any of the names of the founder members names have been inadvertently left out. Please e-mail to the editor, at dentallyours@yahoo.co.in, in this regard.

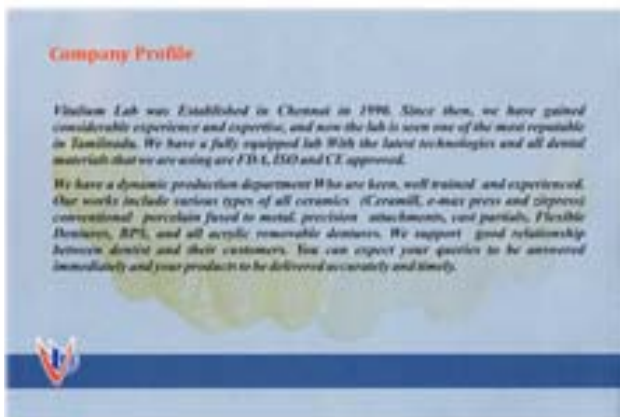
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We invite our readers to mail their valuable feedback which will be published in our subsequent issues in this section

- Guidelines for sending in contributions to open column:
 - All contributions to be mailed to the editor, Prosthodontic Tamilnadu, by email only to dentallyours@yahoo.co.in
 - All contributions must be typed in ms word format, in times new roman script, of font size 12, not exceeding 50 words.
 - Complete name, designation, address, phone no. And e mail id of contributor is mandatory for acceptance.
 - The editorial committee is strongly committed to maintaining a healthy learning environment and exchange of ideas through this newsletter. Content that is impolite, insensitive and inappropriate will be rejected outright.
 - The editorial committee reserves the right to publish and its decision will be final in this regard.

GUIDELINES TO CONTRIBUTORS

- Contributions can be in the form of snippets, case reports, clinical experiences, practice management tips, recent trends, and other useful information from all walks of life.
- All contributions must be typed in ms word format, in times new roman script, of font size 12, not exceeding 250 words.
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- Content should be written in newsletter style.
- Content must be in keeping with the spirit and mission statement of the Prosthodontic Tamilnadu.
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