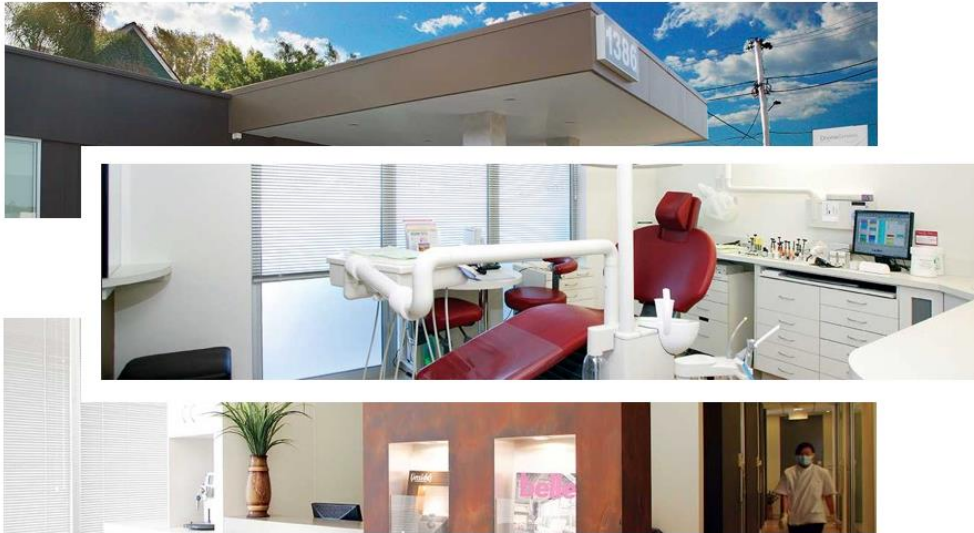


Healthy Smile
Healthy Life

DivineSmiles
we care



A Focus on Prevention

*M*arch is a very special month for both the oral health profession and the community. The **World Oral Health Day** is celebrated on the 20th of March every year to promote the awareness, detection and management of oral disease. Over 90% of the world's population experiences some form of oral condition in their lifetime, be it symptomatic or asymptomatic. It is therefore important to have good oral hygiene and regularly attend for dental check-ups. As prevention is the cure for oral diseases, we at Divine Smiles look forward to ensure that you obtain the highest quality of preventative care.



Your Teeth and Your Mouth

by Dr. Yi Pu



“I brush every day, but why do I keep getting ‘holes’?”

This is a statement I often encountered when treating my patients while in training at the dental school and interning at the Ipswich Community Dental Clinic. The statement may not seem significant to most people, but to me it emphasises one thing: oral diseases can develop in anyone disregarding their age, financial, social and cultural differences. Sure, some people may say that only the wealthy ones can afford dental treatments, but you see treatment in any medical context is the modality to eliminate existing diseases. On the other hand, prevention is the modality to inhibit disease development.

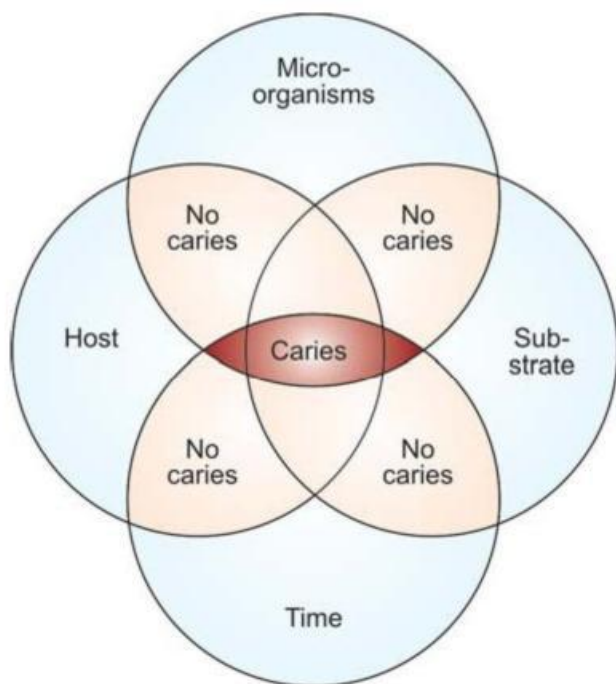
Allow me to share with you a little story on preventative dentistry. In 2014, I volunteered as a dental assistant with the Tzu Chi Foundation to treat refugees at the Queen Elizabeth II Jubilee Hospital. My colleague and I saw refugees from Afghanistan, Iraq, Somalia, Syria, Tibet and Yemen. Although language barrier was one of the most difficult parts of the day (despite having multiple translators), there was one particular patient that baffled my understanding of preventative dentistry that

day. Let’s call this patient ‘Mary’. Mary escaped from the ongoing Somalian Civil War in 2012, and finally arrived in Australia in early 2014. Out of the 16 patients we treated, Mary was the only patient that had all 32 teeth present and had no signs of tooth decay both clinically and radiographically. Although she had signs of tooth wear and minor gum recession, she was otherwise very orally healthy. Back in Somalia, Mary had very limited access to dentists and oral hygiene products, such as toothbrush, fluoridated toothpaste, floss and mouthwashes.

Interesting, don’t you think? Despite the general Australian population having access to more oral hygiene regimes, Mary had beaten at least 90% of us in oral health. How? You might ask. Soon, I found out that there were three main behaviours that Mary had that most Australia populations don’t: (1) she used **miswak**, a natural tooth-cleaning stick made from the *Salvadora persica* plant, (2) her main diet were mostly nuts and seeds and (3) she did not have access to **processed food** and **sugary food**.

One of the most common oral diseases in the world is caries (tooth decay). For carious lesions to develop, there are four components that must be present: (1) **host** (i.e your teeth), (2) **substrate** (i.e sugary diet), (3) **micro-organisms** and (4) **time**. Host is required for micro-organisms to attach, sugar is essential for cariogenic micro-organisms to survive, acid is produced as a waste by these micro-

organisms and cavity forms when acid stays on the tooth surface for too long. For people who have all components fulfilled, carious lesions/ decay can develop. In the case of Mary, she lacked the substrate factor that favoured acid production by the micro-organisms. Hence, she had no decay!



Components determining caries incident. (From www.pocketdentistry.com)

Timing of diagnosis is essential in preventative dentistry. Early signs of carious lesions, such as demineralised white patches, are all reversible as long as (1) the acidity in the mouth is reduced, (2) the micro-organisms are removed from the tooth surface and (3)

appropriate minerals are present to remineralise the tooth surface. The combined mechanical and chemical effects of toothbrushes and toothpastes thus come into play, respectively. However, for those lesions that have progressed beyond the boundary of reversibility, cavitation becomes visible. Exposure of the tooth's dentine and pulp eventually induces hypersensitivity and/or pain. Filling, crown (cap), root canal therapy or extraction of the tooth is thus required depending on the extension of the disease and restorability of the tooth. The sooner you implement good oral hygiene in daily life, the more you will save biologically and financially in the long run.

According to the Australian Institute of Health and Welfare, 1 in 12 children have tooth decay in their permanent dentition, 3 in 10 adults aged 25-44 have untreated tooth decay, and 1 in 7 people aged 15 and over experience tooth ache every year. While such figures still remain, the goal for everyone should be (1) reducing high sugar diet, (2) maintaining good oral hygiene daily, (3) and having regular dental check-up and professional cleaning to ensure no oral diseases develop.

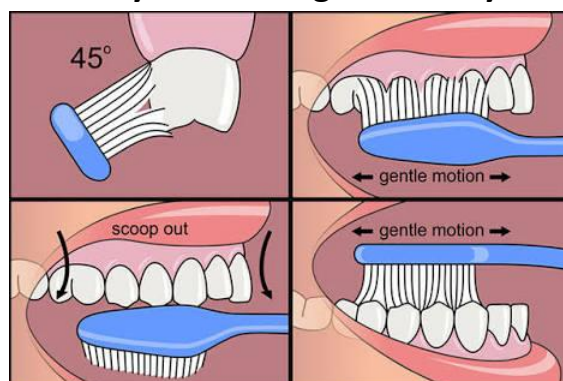
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Effectiveness vs Frequency

Should I brush two times a day? Three times? Four times?

Questioning on the frequency of brushing often pops up in the dental clinic. But most people cannot answer when the dentist ask them on the effectiveness of their brushing technique.

Are you brushing effectively?



1. Apply **pea size amount** of **fluoridated** toothpaste.
2. Place the **soft-headed** toothbrush **45 degree angle** against the gum and teeth.
3. Use a **gentle circular motion** along all tooth surfaces.
4. Brush for **at least 2 minutes**.
5. **Floss** between teeth after.
6. Repeat **two times** a day (morning and night).

Divine's Café Corner

Pan-fried Whittings with Lemon and Grapefruit

Ingredients

Time: 80 min

Whiting fish fillets – 2 pieces
Grapefruit – halved, and diced.
Lemon – Half
Garlic – 2 cloves
Chives – as desired
Crushed mixed nuts – as desired
Corn flour – as required to cover the fillets
Salt – as desired



Steps

1. Season the whiting fillets with salt and pepper, then coat the whiting fillets with corn flour.
2. Pan-fry the fillets with garlic and olive oil.
3. While waiting for the fish to cook, peel and cur grapefruit into bite sizes.
4. Plate the grapefruit, then lay the whiting fillets on top. Garnish with lemon juice, chopped chives, and crushed mixed nuts.
5. Serve!

NEW DENTAL ASSISTANT PROFILE – KIM STEPHENS



My name is Kim Stephens. I am a dental assistant here at Divine Smiles. I first qualified as a dental assistant in 2000 in the Australian Army. I then did a course to become a dental technician in the AUS Army in 2003. I continued to work mainly as a technician for the next 6 years in the Army with also some time dental assisting. I left the army in 2009 and worked as a technician until 2013 when I went back to my first love in the dental industry as a dental assistant. My other interests include my partner, my dog and my health & fitness.



Opening Hours

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