Dear Reader,

Welcome to this year’s first edition of cosmetic dentistry!

In general dental practice, simple to moderate restorative cases dominate the total workload in the practice and the financial gain ratio is comparatively high in simple cases compared with full mouth rehabilitation or other complex treatment. However, it is interesting to note that our young dentists in dental practice are focusing on complex case management and not giving due priority to Class V restorations, inlays, onlays, mild anterior crowding, maintaining optimal oral hygiene, enhancing tooth colour, etc. Globally, the focus is on implant and full mouth restorations, which requires in-depth clinical knowledge and skills in simple case management first. Personally, I always advise my trainees to develop hand skills in direct composite resin restorations, as a good dentist must have artistic hands. Once we understand the minute details (texture, colour, anatomy and effects) of natural teeth using direct restorations, it is easy to obtain quality work from the laboratory and achieve high clinical results. In order to treat complex cases, such as cosmetic full mouth rehabilitation, temporomandibular joint dysfunction (TMD) and sleep medicine, one must complete the required continuing education and learn clinical skills at quality training centres.

During 2013, my team was busy establishing a “regional training centre” for minimally invasive cosmetic dentistry (MiCD) and teeth, muscle, joint and airway (TMJA) harmony dentistry. Cosmetic dentistry, occlusion, TMD and dental sleep medicine are the areas on which the team is focusing. MiCD and TMJA harmony dentistry are becoming quite popular because of their do no harm approach to clinical practice and simplicity in training approach that focuses on skill acquisition.

We have established training centres at Thammasat University in Thailand, the International Center of Dental Excellence in India and the Bangladesh Institute of Advanced Dentistry, and more are coming in Asia.

Our first regional five-day skill training programme is being organised in Thailand on TMJA harmony dentistry and more than 70 senior clinicians from the Philippines, India, Indonesia, Vietnam, Cambodia, Nepal, Thailand, Canada and the US will be participating.

As a practising clinician and presenter of various international training programmes, I feel that every good clinician should participate in a clinical teaching programme, if possible, because this will help clinicians to remain updated and promote personal happiness by sharing their knowledge and skills for better patient care around the world.

We present various clinical articles in this issue and hope you will enjoy reading them.

Yours faithfully,

Dr Sushil Koirala
Editor-in-Chief
President of the Vedic Institute of Smile Aesthetics, Kathmandu, Nepal