Un-cosmetic dentistry

Are you ready to reduce your dependence on porcelain restorations?

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While there are some occasional references to concern about the overuse of porcelain, many articles in dental trade publications show off before and after dental makeovers that from my perspective were quite satisfactory prior to expensive intervention. I will not argue that there are people who truly have displeasing smiles and they can benefit greatly from cosmetic dentistry, but all too often people with body-image issues related to a distorted perception of their teeth seem to be easy victims.

“Smilorexia” is the fanciful term I coined for this disorder, which appears to affect attractive young women more than others. If you open the pages of any journal published by the American Association of Cosmetic Dentistry, you will no doubt find at least one or two of these patients having extensive veneer treatments that could easily have been avoided with unbiased professional advice. The problem is that too many dentists have dedicated their lives to pure cosmetic dentistry, which is often based on using porcelain as a cure-all.

An article recently used the term “soft science” to describe orthodontics, and I would certainly agree that it is difficult to claim that orthodontists know the “right way to straighten teeth”, since few of them agree on anything. The reality is that the schools of thought in orthodontics are as polarised as the holy war between the myo-centric doctors and the centric relation believers.

As an example, the use of the Herb appliance forces the TMJ forward, in an attempt to correct a deficient mandible. This is like someone standing on the balls of her feet to be taller. While the practice appears to be commonplace, there are orthodontists who would never use this technique on their own children or grandchildren.

The studies always seem to conclude with a recommendation for long-term data, but the device has been used for 100 years already. Mandibles are not stimulated to grow after all, and patients may be holding their jaw forward in a Sunday bite simply to get their uncomfortable braces off.

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"It is time to adopt a significant change in philosophy..."

Sadly, many of the cosmetic dentists recognised as the top tier appear to use their standing as a licence to drill. It is time to adopt a significant change in philosophy if the dental profession wishes to maintain any level of integrity. Lip service to conservative cosmetic dentistry means nothing. To truly practise “un-cosmetic dentistry”, a dentist must back away from ceramics and make use of composite to restore worn edges in combination with orthodontics to correct alignment.

This style of treatment does not have to be unprofitable. It does not have to be only for the simplest of cases either; actually, very complex cases can be treated to a high standard when multiple disciplines are employed together. The collaboration of specialists can be one alternative, but for patients on a budget or in areas with lower access, a general dentist trained in advanced therapies can offer comparable results for a fraction of the fee.

Biggest bang for the buck—The STO combo

Let’s cut to the chase: if you are a general dentist and want to knock your practice out of the park with new opportunities, look at venturing into the realm of advanced shorter- term braces. I specifically say “short­er” because your goal needs to be always trying to be faster because people hate being in braces, and aligners are often too slow or they do not give the dentist enough control of tooth movement.

There are a number of dentists who promote STO, but I developed my own system before I had heard of any others so I have some different ideas. Frankly, levelling and aligning simple orthodontic cases is easy and can be learned through just a short course, which these dentists (Drs Swain, Barr or De Paul) appear to teach very well. I would rather remain on the fringe of orthodontics, and I would certainly agree that orthodontists are partially justified for their concern about GP orthodontics.

As hugely popular as these STO courses are, there is however some potential for abuse by dentists who simply have a weekend course and no other training in orthodontics. While I would rather see a dentist do more orthodontics than veneering, orthodontists are partially justified for their concerns about GP orthodontics.

Taking courses alongside orthodontists and reading their journals, it is apparent that there is negative sentiment directed towards general practitioners who dare to bracket teeth. I do feel that a united profession is a favourable concept but, having experienced extreme levels of sabotage in my local area, I now refer less to dental traders and more to my fellow general practitioners who have dedicated their lives to pure cosmetic dentistry, which is often based on using porcelain as a cure-all.

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“I know, NOT ALL cosmetic dentists are Veneer Nazis…”

The “plasma brush” first received recognition in 2009 when the Small Business Innovation Research program of the US government awarded US$157,000 to Nanoa for the development of the device. According to company representative Ming Chen, the first lab testing of the method was successful and produced no side effects.

The technology exploits the properties of ThermaJet plasma, also known as cold plasma owing to its low temperature, which has been used in other industrial sectors such as the food industry to sanitize fragile surfaces like those of fruit permanent magnets. Through a similar process, the MU research team found that it also helped to disinfect oral cavities by producing oxygen free radicals that are able to destroy biological microorganisms like bacteria by disrupting their cellular membranes.

In addition, cold plasma enhances the bond between the natural tooth surface and different filling materials by changing the surface of dentine through a chemical reaction. “Our studies indicate that fillings are 60 percent stronger with the plasma brush than with the conventional ‘fil­ling’s lifespan,’” Hao Li, professor in the University of Missouri College of Engineering said.

Chen said that if the trials produce clinical data that confirm the initial findings, the device could be available on the market in four to five years, pending on regulatory approval.