



Since this is my first message to you, please allow me to introduce myself. I am the new President of the Indian Dental Association (USA) Inc, and am honored to be serving the organization from 2010-2011.

You might be interested to know that I received my B.D.S. degree from Govt. Dental College, Mumbai, India (class of 1989), and I am a graduate of NYU College of Dentistry (class of 1994). Throughout my education I was active in student councils and organized dentistry, both in India and in the United States. Since graduation, I have served on various committees and councils on behalf of the Queens County Dental Society, a component of the New York State Dental Association, and served as President in 2008.

My goal as President of the Indian Dental Association (USA) Inc, is to provide effective leadership to our organization and increase membership to historic levels. To succeed at this goal, I will encourage partnership on all levels with mainstream organized dentistry. I also encourage you to consider yourself a valuable member of the Indian dental community with the power to make a difference in the lives of your peers and the community we serve. By joining me at IDA (USA) you can begin making a difference right now.

Our commitment to your success is at the heart of IDA (USA) core principles. By committing to collaborative relationships, continuous development of our services and advancing your skills and knowledge, we forge strong and trusted relationships with our members. We know that quality patient care and growing your practice is of the utmost importance to you, which is why we are constantly improving our educational programs.

For the New Year, I am proud to announce that IDA (USA) has a new website, [www.ida-usa.org](http://www.ida-usa.org), to help support its members and the Indian dental community. The website provides IDA (USA) membership benefit information, continuing education details and much more!

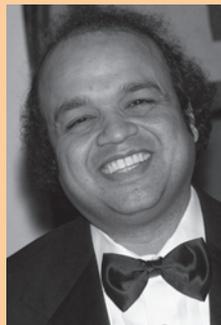
For those who are currently members of the Indian Dental Association (USA), please accept my sincere gratitude for your dedication to our profession and to the Indian Dental Association (USA) Inc. For those who are not yet members, I urge you to join us. Let us weave together our values of service, integrity, respect and accountability, and take this great organization to the next level.

It is my hope that during the course of my leadership we will work together to develop a stronger and more cohesive organization that is committed to providing outstanding service to its members while protecting and improving public dental health.

As president of IDA (USA) I will always be honest about the challenges we face, I will listen to you, especially when we disagree, and above all I will ask you to join me in doing things the way they are done in America, brick by brick and through teamwork at all levels. I promise to serve you to the best of my ability and believe we can achieve great things together. So I urge you to join our team and start making a difference today — in your life and in the lives of those you serve in our community.

Sincerely,

  
**Dr. Viren Jhaveri , President**



Gov. David Patterson and NYSDA VP Dr. Chad Gehani at a legislative meeting in Albany, NY

## Proud to be an Indian American

We are all proud Americans of Indian origin.

Our Association was created close to 30 years ago, at that time it was just to have a social network amongst us, as our community grew larger, so did our needs.

We are proud to serve our patients very faithfully. In the past we have not only organized some fine continuing education programs, but also successfully fought for the rights of poor people in America, example keeping adult dental Medicaid alive in New York.

We proudly participate in Give Kids a smile, as well as oral cancer screenings for all at different places to name another example of our service to Americans.

Back home in India we have donated books to many dental colleges, created scholarships at different Universities as well as dental colleges. We counsel new dentists from India and have worked very closely with both American Dental Association, as well as Indian Dental Association in India.

We are CERP certified, which is a distinct honor. Some people ask why a separate Indian Associations of Dentists? While we are Americans.

The answer is that of course we want to be Americans first & join our hands with American Dental Association for protection of public, however, there are certain issues that are applicable to a certain cultures and unity of that culture in solving those issues together makes life easy for all. We strongly urge every dentists to be a member of American Dental Association, the premier dental association of dentists.

Those of you who have supported your organization Indian Dental Association (USA), I say THANK YOU. Those of you who are not members, I urge you to join your own organization Indian Dental Association (USA) as soon as possible. Please visit our website at [www.ida-usa.org](http://www.ida-usa.org).

Sincerely,

**Chad P. Gehani DDS, FACD, FICD**

Executive Director, Indian Dental Association (USA) Inc.

## Governance of IDA (USA) Inc.

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Dr. Kiren Gehani (718) 639 0192

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### Cultural Co-ordinator :

Dr. Milan Gandhi (718) 848 5449

### Editor - Sampark :

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Dr. Rajeshwar Kokkiralala (718) 681 8901

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Dr. Nilesh Patel (914) 939 6555

Dr. Anilesh Katte. (718) 641 0501

The Bulletin is published four times a year, quarterly. It is the official publication of the Indian Dental Association (USA) Inc., Neither the Association nor the Bulletin assumes responsibility for the points of view or opinions of its contributors.

Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for April/May/June issue is February 10th. All Submissions must be typed as a word document and emailed to [idasasampark@gmail.com](mailto:idasasampark@gmail.com).

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Subscription is included in the annual membership dues of the Indian Dental Association (USA) Inc., The Subscription rate for non-members is \$30 per year, or \$10 per issue.



*Congratulations to Dr. Ashok Dogra on being elected as President of Queens County Dental Society. You make us proud.*

## What's Keeping You Up at Night?

Michele Penrose

Director of Professional Relations, Henry Schein Dental

Time magazine recently ran an article entitled "Dentists Smiling in the Face of Recession" which highlighted the positives within the dental profession and how dentists will endure more favorably during these challenging economic times. Although dentistry is relatively resistant to macro-economic challenges, it is not immune to dealing with consumers tightening all aspects of discretionary spending and the potential loss of insurance coverage for dental procedures.

It's time to take action now to not only survive but thrive. Tim Sullivan, President of Henry Schein Dental says, "Henry Schein's first and most important goal for the coming year is to help our customers weather the storm so that their practices can thrive during these unstable economic times".

In a recent survey when asked, "Doctor, What is the great challenge your practice faces this year?" The top issues:

- Increasing profitability/production
- Reducing Overhead
- Creating team harmony
- Attracting new patients
- Dealing with insurance
- Decreasing accounts receivables

Henry Schein Dental is the only dental supply company that teaches their sales team the "Business Side of Dentistry." We strive to provide our customers with innovative tools to help you navigate through the challenges you face. If you are interested in increasing your practice profitability, lowering overhead, fee balancing, increasing patient referrals - We Do That! Let us arrange to show you how, "We Do That". A simple exclusive online practice analysis tool is available to help you start the process of helping you thrive, not just survive in 2009. It will also help you sleep better through the night!

If you're interested in more information or a free consultation, call 1-800-372-4346 (select prompt 6) or go to [www.henryscheinwedothat.com](http://www.henryscheinwedothat.com)

# Member spotlight



## Pride Moments....

Founder president and the trustee of IDA (USA) Dr. Amrit Patel met with Honorable Prime Minister of India Dr. Manmohan Singh on Wednesday, November 25, 2009 in Washington D.C.

Dr. Patel was invited by the Ambassador of India in USA, Mrs. Meera Shankar as one of the elite group of more than 400 Indian community leaders and activists from

all over the United States, to have dinner with the Prime Minister. The reception/dinner were organized by Indian Ambassador in the honor of Prime Minister Singh who was in Washington D.C. from November 23rd to the 26th on an official State Visit to the White House as a guest of President Barack Obama.

Dr. Patel reports that the reception/dinner meeting were organized exceptionally well and Indian embassy staff provided excellent hospitality.

Dinner meeting lasted for more than two hours. Prime Minister appreciated and thanked the leaders in attendance for their service to the Indian community in the USA and being partners with Indian Embassy in building and strengthening Indo-US relations. He talked briefly about his very successful, productive, fruitful and mutually beneficial meeting with president Obama.

He promised the invited guests that Indian Government will keep the doors wide open for NRI's from all over the world for those who wish to resettle in India or start their own business.

Prime Minister met, shook hands and provided opportunity to each and every invited guest to be photographed with him.

**Congratulations to the following members, they have been elected as the "Board of Trustees" of Indian Dental Association (USA) Inc.**

**Tenure is from January 1, 2010 to December 31, 2011.**

Dr. Amrit Patel  
Dr. Chad Gehani  
Dr. Daljit Sidhu  
Dr. Nilesh Patel and  
Dr. Prabha Krishnan.

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Dr. Darshini Shah  
on the untimely loss of her mother  
late last year

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# What is Class II (Two) Malocclusion?

## A primer on some treatment modalities

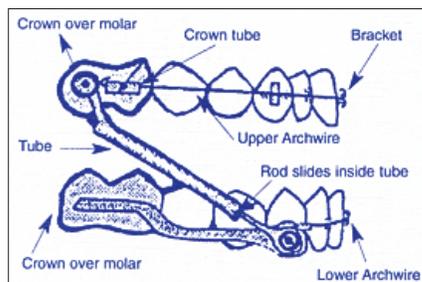
by Dr. Jim Prittinen

Class II malocclusion is a condition characterized by the upper front teeth positioned excessively anterior to the lower front teeth. More than one-third of patients who need orthodontic treatment have a Class II malocclusion. In most Class II cases, both the anterior and posterior upper teeth are anywhere from 4 to 8 mm ahead of their respective lower teeth. Parents describe their child as "having the front teeth sticking out too far" or "not having a good chin". Additionally, many Class II patients also have long, narrow faces. These patients are often very difficult to treat. Long face patients often need extractions to correct Class II problems.

Many orthodontic treatment modalities are used to correct Class II problems. Class II elastics are regarded as the mainstay of Class II correction. They are used with fixed appliances. The classic elastic system involves two fully bracketed arches, with bilateral elastics stretched between the maxillary canines and mandibular molars. Variations on this system include direct attachment of the elastic to an archwire (with a hook, loop, or spur) and an assortment of maxillary and mandibular attachment positions. Although force levels vary greatly depending on the type and placement of the elastic used, forces delivered by a new latex elastic typically range from 50g to 300g.

Class II elastics are widely used because of their simplicity, effectiveness, and the ease with which they can be incorporated into any fixed appliance system. Usually placed after the initial leveling and alignment stages of treatment, Class II elastics can be used with continuous working archwires, as well as partial bracketings (often done in the mixed dentition stage). Primary effects of Class II elastics include forward movement and proclination of the mandibular dentition, along with distal movement and retroclination of the maxillary dentition. Secondary effects include buccal uprighting and widening of the lower molars due to the slight transverse component of force. In the mixed dentition, when Class II malocclusion often is associated with maxillary constriction, elastics can be a useful treatment adjunct as the axial inclination of the posterior teeth is corrected and the curve of Wilson is leveled.

Class II elastics exert a pulling force across the occlusal plane. The vertical component of this pulling force may extrude the maxillary incisors and mandibular molars. Consequently, a downward and backward rotation of the mandible may occur. In patients with long faces (steep mandibular plane angles) mechanics that tend to extrude posterior teeth are contraindicated. Therefore, Class II elastics are used less often and less aggressively in these patients. These patients often benefit from



Herbst Appliance

extraction treatment, by using the extraction space to retract the upper anterior teeth and advance the lower posterior teeth. Closing the space also tends to lower the mandibular plane angle, thus preventing long faces from getting longer.

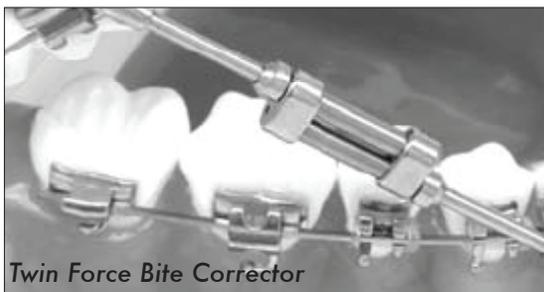
In long faced patients, appliances other than Class II elastics are indicated. The Herbst appliance is a good option because the appliance helps limit molar eruption. The modern Herbst appliance consists of stainless steel crowns over the maxillary first molars, connected to bands on the mandibular first premolars by a rigid plunger-tube system that forces the lower jaw into a forward position during closure. Some designs also use crowns on the lower first molars.

The telescoping mechanism of the Herbst appliance places an upward and posteriorly directed force on the maxillary molars. When the appliance is used during comprehensive orthodontic treatment, the maxillary molars usually move about 1-3mm distally. Additionally, Herbst treatment will either prevent upper molar eruption or (some say) intrude the upper molars. This is why the appliance is used in long faced patients.



In 1987, J.J. Jasper developed and patented the Jasper Jumper, which featured a stainless steel compression spring in a polyurethane sheath. This is a modification of the Herbst "bite-jumping" mechanism that permits greater freedom of mandibular movement. The compression module, which is available in multiple lengths, is anchored to the main archwire and can be incorporated easily into traditional edgewise orthodontic treatment.

Like the Herbst appliance, and unlike Class II elastics, the Jasper Jumper produces intrusive intra-arch forces by pushing apart the points of attachment. Because some of the force components are intrusive, these



appliances are appropriate for long faced patients. Studies have shown the Jasper Jumper produces a surprising amount of skeletal Class II correction in growing patients. However, breakage is a big problem with this appliance. To mitigate this problem, manufacturers have developed Jasper like appliances that are more durable. The Forsus

—Continued from page 8

**AAT Dental Solutions** caters to discriminating dentists who demand a full-service lab that fabricates quality fixed and removable restorations at lab fees that are significantly below average. Our current accounts participated in a nationwide survey conducted by WJR, an independent consultant. When compared to a statistical database of over 30,000 North American lab evaluations, we placed in the prestigious category of **SUPERIOR.**

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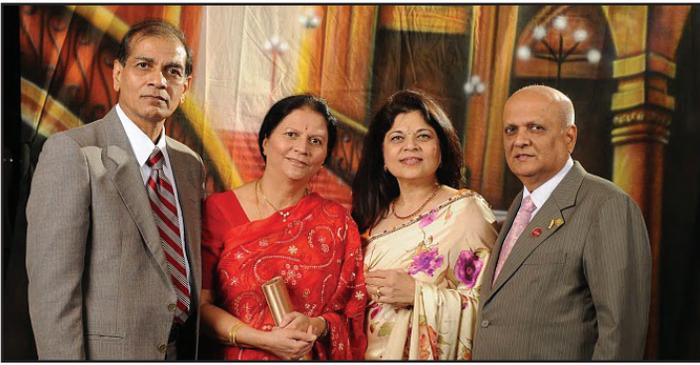
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Left to right: IDA (USA) Inc 2008 and 2009 President Dr. Anilesh Katte, Dr. Indu Anilesh, NYS Dental Board member and past chair Dr. Rekha Gehani and NYSDA Vice-President and IDA (USA) Executive Director Dr. Chad Gehani.



Left to right: Dr. Chad Gehani (NYSDA VP & IDA (USA) Executive Director), Dr. Mark Feldman (NYSDA Executive Director), Dr. Anilesh Katte, Dr. Michael Breault (NYSDA President), Dr. Robert Doherty (NYSDA President Elect) and Dr. William Calnon (ADA second district Trustee)



Working and enjoying, IDA (USA) Inc. volunteer and members at 2009 convention.



Various ADA and NYSDA dignitaries at our convention during the entertainment session.



Members engrossed in CE Lecture.



NYC Comptroller John Liu addressing members at our annual convention



Left to right: Dr. Chandrashekhar Kaushik, Dr. Raj Mohan, Dr. Anilesh Katte, Mr. Tim McCloskey and Ms. Melanie Powell (representing our generous sponsor David Lerner and Associates) and Dr. Deepak Bhagat.



All past presidents of IDA (USA) - Left to right standing: Dr. Anilesh Katte, Dr. Amrish Parikh, Dr. Narendra Patel, Dr. Bhaskar Patel, Dr. Kishore Shah, Dr. Surendra Patel, Dr. Raj Singla Left to right sitting: Dr. Paresh Patel, Dr. Amrit Patel, Dr. Chad Gehani and Dr. Bhadresh Desai.

# **Dr. Rekha C. Gehani**

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# FDA Issues Final Regulation on Dental Amalgam

The U.S. Food and Drug Administration issued a final regulation classifying dental amalgam and its component parts – elemental mercury and a powder alloy—used in dental fillings. While elemental mercury has been associated with adverse health effects at high exposures, the levels released by dental amalgam fillings are not high enough to cause harm in patients.

The regulation classifies dental amalgam into Class II (moderate risk). By classifying a device into Class II, the FDA can impose special controls (in addition to general controls such as good manufacturing practices that apply to all medical devices regardless of risk) to provide reasonable assurance of the safety and effectiveness of the device.

The special controls that the FDA is imposing on dental amalgam are contained in a guidance document that contains, among other things, recommendations on performance testing, device composition, and labeling statements.

Specifically, the FDA recommended that the product labeling include:

- A warning against the use of dental amalgam in patients with mercury allergy;
- A warning that dental professionals use adequate ventilation when handling dental amalgam;
- A statement discussing the scientific evidence on the benefits and risk of dental amalgam, including the risks of inhaled mercury vapor. The statement will help dentists and patients make informed decisions about the use of dental amalgam.

Dental amalgam is a “pre-amendment device,” which means that it was in use prior to May 28, 1976, when the FDA was given broad authority to regulate medical devices. That law required the FDA to issue regulations classifying pre-amendment devices according to their risk into class I, II, or III. Although the FDA previously had classified the two separate parts of amalgam – elemental mercury and the metal powder alloy – it had not issued a separate regulation classifying the combination of the two, dental amalgam. During this time, however, dental amalgam has been subject to all applicable provisions of the law.

Today’s regulation also reclassifies the mercury component of dental amalgam from Class I (low risk) to Class II (moderate risk).

Over the past six years, the FDA has taken several steps to assure that the classification of dental amalgam is supported by strong science.

In 2002, the agency issued a proposed rule to classify dental amalgam and identify any special controls necessary for its safe and effective use.

Due to a high number of comments on that rule, the agency held an advisory committee meeting in 2006, inviting dental and neurology

experts to review existing scientific data on dental amalgam, especially with regard to its toxicity in pregnant women and children.

The agency drafted a review of recent and relevant peer-reviewed scientific literature on exposure to dental amalgam mercury. The advisory committee asked that the agency conduct an even deeper review of the scientific literature on this topic. In all, the agency considered some 200 scientific studies.

On April 28, 2008, the FDA reopened the comment period on the 2002 proposed classification in order to elicit the most up-to-date comments and information related to classification of dental amalgam. Today’s rule reflects the years of agency review on this topic.

*Reprinted with kind permission of  
Queens County Dental Society*



## What is Class II (Two) Malocclusion?

*—Continued from page 4*

Fatigue Resistant Device, developed by Unitek, and the Twin Force Bite Corrector, developed by Ortho Organizers, are two appliances that are conceptually similar, but more durable and easier to use than the Jasper Jumper. They are two-piece telescoping piston assemblies within a stainless steel spring cylinder. As the patient closes in maximum intercuspation, the coil spring is compressed, releasing stored energy. At nearly full compression (10-12mm), they apply approximately 200g of force. Because the springs rarely are compressed fully, the level of force delivery is comparable to that of heavy Class II elastics. Initial studies report breakage rates of these appliances to be significantly less than Jasper Jumpers.

The issue of optimal Class II treatment timing is one of the most studied and widely debated topics in orthodontics. Most studies show that late treatment (after all permanent teeth are erupted) and fixed appliances are more efficient than earlier treatment and removable appliances. Cephalometric studies have shown that the therapeutic effectiveness of most Class II correction appliances is greatest when these appliances are used during the pubertal growth spurt. All of the Class II correction appliances discussed here may be used in the permanent dentition, in conjunction with fixed appliances. The key indicator of success over the long term is holding the Class I relationship once it is achieved. Avoidance of Class II relapse is a challenge, but studies have demonstrated that good cuspal interdigitation is an excellent predictor of stability.

In conclusion, many factors contribute to the success or failure of Class II correction. The original malocclusion, as well as, age, growth pattern, and cooperation of the patient, combined with appliance selection are all vitally important in the delivery of high quality orthodontic results.



**CONTINUING EDUCATION PROGRAM**

**Date: Tuesday February 23, 2010**

**Date: Tuesday March 30, 2010**

**Course Title:** Case Design and Abutment selection in Implant Prosthodontics a 20 year review.

**Instructor:** Dr. Michael Bruno is a Clinical Instructor at NYU College of Dentistry and Lenox Hill Hospital. Certificate in Prosthodontics from Columbia University DDS from University of Tufts, currently practicing in NYC.

**Format:** Lecture Presentation followed by question/answer session.

**Target Audience:** General Dentists

**Registration:** 6:00PM

**Time:** Lecture 6.30 to 8.30PM

**Course Code:** 731

**C.E. Credit:** 2 Hours

**Location:** Madras Woodlands  
1627 Hillside Ave,  
New Hyde Park, NY 11040  
Phone 516-326-8900

**Contact Person:** Mr. Nathan

**Fee:** \$45 (please use our website and pay by paypal)

**Course Title:** Current status of regulations and registration of NYC office of Radiological Health

**Instructor:** Martin N. Schnee, CRESO (Certified Radiation Equipment Safety Officer) has broad experience working in both the Radiation Equipment Division and the Radioactive Materials Division of the New York City Department of Health. Retired as Chief of the Radiation Equipment Division after over 30 years of service. Former FDA Certified inspector of Mammography. Received awards from 2 different NYC Health Commissioners for outstanding work after the 9/11 tragedies. Member of NYC Emergency Response Team for Radiation incidents for over 30 years. Current sole proprietor of Big Apple Radiation Safety. Presented over 30 continuing education lectures to mammography personnel on quality control. Recently presented a 3hour continuing education seminar at the 85th Greater New York Dental Convention. Mr. Schnee has a degree from C.C.N.Y. in Biomedical Engineering (B.M.E.).

**Format:** Lecture Presentation followed by question/answer session.

**Target Audience:** Dentists practicing in NYC

**Registration:** 6:00PM

**Time:** Lecture 6.30 to 8.30PM

**Course Code:** 610

**C.E. Credit:** 2 Hours

**Location:** Madras Woodlands  
1627 Hillside Ave,  
New Hyde Park, NY 11040  
Phone 516-326-8900

**Contact Person:** Mr. Nathan

**Fee:** \$45 (please use our website and pay by paypal)

A certificate of completion and two hours of C.E. credits will be awarded to each attendee at the end of course.

**IDA (USA) Inc, is an ADA CERP recognized provider.**  
**Program approved for AGD Credits February 17, 2009 to February 17, 2013**

Continuing education credits issued for participation in the CE activity may not apply towards license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s)

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**Registration Fee: \$45.00      Registration Time: 6:00pm**  
This form may be copied for additional registrant

In order to properly plan for this course, we must know how many people to expect. Therefore, you must register in advance for any courses you wish to attend. Courses with inadequate redistillation will be cancelled. Same day registrations are subject to a \$10.00 additional charge. Requests for cancellation and refunds must be made in writing at least one week prior to the course. An administrative fee of \$10.00 will be deducted from all refunds. C.E. credits will only be issued to those who attend the entire presentation. This form must be received one week before the date of the course. For information please send us an email to idausamemberservices@gmail.com

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# Solving Common Orthodontic Problems - A Typodont Course

**Dates:** Sunday, Feb. 14th and Monday, Feb. 15th, 2010

**Location:** World's Fair Marina Restaurant (Near Citi Field and LaGuardia Airport)  
1 World's Fair Marina  
Flushing, NY 11368  
Phone (718) 898-1200

**Details:** Course will run from 9am-4pm on both days. Lunch will be provided (included in course tuition). Participants will receive 14 CE credits for the course under the sponsorship of Practical Orthodontics (AGD National Provider no. 217542). Typodonts and wires will be provided by Ortho Organizers. Participants should bring their own pliers and ligature ties (steel and elastic). The typodonts will be available for purchase after the course. Pliers will also be available for purchase.

**Instructor:** Dr. Jim Prittinen, DDS

## Course Description:

We will explore the basic principles of wire-bracket relationships and their effect on tooth movement. We will then use these principles to design mechanics systems to correct open bites, deep bites, and overjet. Initial tie-in techniques, particularly the use of tandem arch wires, will also be demonstrated. Finally, finishing mechanics will be discussed and demonstrated.

## For more information, call or e-mail:

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