

Namaste (Hearty Salutations) to All

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I am Dr Revan Kumar Joshi, a faculty of D A Pandu Memorial **R V Dental College** and Hospital, Bengaluru, India. I specialise and profess the subject of Oral Medicine and Radiology. I have been practising general dentistry since eleven years in a private dental clinic in Bengaluru. I am a consultant radiologist for a diagnostic centre that hosts a Cone Beam CT and Medical CT machine. Apart from the subject Oral Medicine and Radiology, I am keenly interested in practising Endodontics, Esthetic Dentistry and Implant Dentistry. Hence, my private practice mainly caters to these issues.



R V Dental College & Hospital

I consider myself very lucky that I have got many chances to visit Japan. While enjoying the cultural and ethnic beauty of this wonderful country, I also got a chance to have a first-hand experience of the globally famous Japanese technology and work culture. It was really a great learning experience for me, whenever, I visited this country. The other wonderful aspect of visiting Japan multiple times was getting a chance to make friends with internationally respected Japanese research scientists in the field of dentistry. With recommendations from Prof Tomohiro Okano and Prof K S Nagesh, I was able to get a placement for one year, as an international research scientist, at Department of Radiology, Showa University School of Dentistry, Tokyo. I always think the year spent at Showa University, was the most well spent time of my life till date. Under the tutelage of Prof Okano, I got to understand the technological aspects of Maxillo-facial imaging as well as proper application of the technology in diagnostic applications. At the same time, I got a chance to

interact with a lot of internationally eminent faculty from other universities who were invited by the Showa University School of Dentistry. I was sponsored by the University to attend international conferences and was able to present our work in the form of oral presentations as well as posters. During the weekends, I travelled to as many tourist places of importance as possible. The most memorable amongst them are my hikes to the peaks of Mt. Fuji San, and Mt. Kita Dake and my trips to Kyoto and Hokkaido. Indeed, the view of the Rising Sun from the peak Mt Fuji was a lifetime experience from me. Equally mesmerising was the view of the rising sun, in the background of Mt Fuji, as seen from the peak of Kita Dake. The spring weekend in Nara and the winter sports in Sapporo are etched in my memory forever. The other found memory of my stay in Japan is the Japanese people and their hospitality.



Dental Scenario in India

The Dental Council of India (DCI) is a statutory body incorporated under “The Dentists Act 1948” by Government of India to regulate the Dental Education and the profession of Dentistry throughout India. For a person to be a registered dental practitioner in India he has to complete the Bachelor of Dental Surgery (BDS) program in an institute recognised by the DCI. The BDS program is for 5 years which includes a one-year rotatory internship. There after the dentist has an opportunity to specialise by doing a three year Master of Dental Surgery program. There are nine different specialisations which a dentist can opt for namely, Oral Medicine and Radiology, Oral and Maxillofacial Surgery, Prosthodontics, Periodontics, Conservative Dentistry and Endodontics, Oral and Maxillofacial Pathology, Pedodontics, Orthodontics, and Public Health Dentistry. As at the end of the last academic year, India has 297 recognised Dental schools imparting BDS degree and 230 Dental schools imparting post-graduate education in one or more specialities of Dentistry. Bengaluru alone has 16 dental schools. All over India more than 25,000 students complete their BDS degree and about 2,800 students join a postgraduate course every year.



Left: Students treating patients in the clinics, Right: Students working on mannequins for practising pre-clinical operative procedures.

Dental health care system in India is predominantly funded and promoted by the private sector. Only about 10% of dental needs of the population are catered by Government/ Government funded facilities, the rest are managed by private dental clinics or privately funded dental hospitals attached to dental schools. There is no insurance (neither private nor government) that covers the day to day dental treatment, the exception being the treatment of tumours or trauma to the maxillofacial region needing hospitalisation and treatment under general anaesthesia. At present, in rural India one dentist is serving 250,000 people whereas; the overall ratio of dentists to population in India is 1: 10,000. This clearly indicates the scope for growth of opportunities for dentist and dentistry in a vast country developing country like India. The improving economic status of the rural India combined with better infrastructural availability will help in the penetrance of the practice of dentistry, which subsequently can correct the imbalance in the rural dentist to population ratio.

The practice of dentistry, however, has been constantly upgrading to match with the global standards in most of the urban dental set ups. The most trending treatment modalities are implant based prosthetic replacements and esthetic dentistry with a special focus on all ceramic restorations and tooth whitening procedures. Image-guided implant placement is a major advancement and commonly practiced in urban practices. Urban areas are seeing a surge in the number of CBCT centres catering to the needs of the advanced treatment modalities. Predictability of the prognosis of implant retained prosthesis has improved with increased use of image aided surgical guides. As regards to esthetic dentistry, the laminate veneers and smile contouring are the most popular advancements. With the availability of photography based simulation software and computer aided designing modules, the patient acceptability as well treatment outcomes have improved. LASERs have also gained more and more popularity predominantly in the periodontal and surgical application. The aforementioned advances have also decreased the treatment duration to a great extent. A

photo on the right is my practice showing soft tissue lesion excisional biopsy with Carbon Dioxide LASER

But the above-mentioned description of dental scenario is mainly reflective of metropolitan cities or tier two cities of India. Although the bulk of dental practice in India is centred in urban areas, a vast population of India still remains inaccessible and unaware of these developments. A not so recent survey on awareness about implants in urban patients reported that only about 24% were aware of such modality, though in another survey majority of people disapproved the idea of having a removable prosthesis in their mouths.



The way ahead for Indian dentistry is to cater to the predominantly unaware and ignorant population. A major challenge and/or opportunity lies in the spread of public awareness regarding dental problems and the available treatment modalities.

The effect of globalisation and more lenient import norms for health care industry in India can be seen in the dental arena too. The import of medical devices/ drugs needs a permit from Central Drugs Standard Control Organization, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. Either the local importer or the foreign seller needs to register the product with the aforementioned office. Almost all the global pioneers in dental care products are taking a keen interest in promoting their products in India. Many companies have also initiated measures to manufacture products in India to further reduce the cost factor. The past experience of buying imported machinery in India and subsequent lack of quality and timely maintenance services had brought disrepute to many global giants, but timely amends in the form of setting up service centres and increasing the number of trained local engineers has helped them to increase their market share. Primarily any Indian customer (dentist) looks out for three things while buying a product: Quality, Affordability and affordable &/or timely post-sale services. The company that manages to give the best balance of all three would definitely be successful in capturing the markets in India. Japanese brands like GC, Shofu, Mani, J Morita, NSK, Nissin and Noritake (just to name a few) have already established a strong foothold in Dental markets of India.

Going by my experience and training in Japan, that has exposed me to the best of Japanese technology, and with a few others in India, who have had a similar chance to experience Japan, we have a recently started a branch of Asian Dental Forum in India, headquartered at Bengaluru. Prof Tomohiro Okano is a patron of this forum and Dr KS Nagesh is the

chairman for Indian branch. Promoting and serving as a liaison between Japanese companies and Indian Consumers is one of the primary objectives of this forum. I wish and hope that this forum achieves its objectives.



Left: Members of the Asian Dental Forum, India, Right: Indian alumni of Showa University, enjoying a dinner at Jiyugaoka, Tokyo with Prof Okano.

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