



Challenges of edentulism

The theme of the forthcoming IX PG students' convention at Wardha-"Accepting Challenges of Edentulism" has indeed provided a platform to academia and clinicians to deliberate the multidimensional aspects of prosthodontic rehabilitation with a patient-centered approach. There has been a dramatic change in prosthodontic treatment modalities, techniques and materials in the recent past.

Long-term successful prosthodontic rehabilitation requires prosthodontists to be analytical, critical and follow a sequential line of rehabilitation therapy. Today there is emphasis on quality of life. As the concept of osseointegration has developed and spread globally, it has had a dramatic impact on the practices of dentistry. Traditional paradigms have been questioned and even modified. Prosthodontics demands complex interdisciplinary treatment planning. To be competent to face the challenges of edentulism, there is a need for each one of us to constantly expand our skills in interdisciplinary as well as multidisciplinary treatment modalities.

We need to have an open mind and a broader outlook. G. Zarb has said, "every patient is aware of his or her right to therapy that is efficacious and effective". Hence, we have to work on the basis of participatory partnership with the patients. Prosthodontics has come a long way from simple beginnings of using materials like wood, metallic artificial teeth or bone as denture base materials. Tissue engineering is upon us ushering in a new era in dentistry commonly referred to as regenerative dentistry. The goal of tissue engineering is to restore lost tissue function through the delivery of stem cells, bioactive molecules or synthetic tissue constructs engineered in the laboratory. However, with its potential benefits and disadvantages, regenerative dentistry still has a long way to go for its use as a commonplace practice in the clinical scenario.

Research and Development in prosthodontics has to maintain both rigor and discipline to ensure true scientific development. The treatment modalities need to be based on scientific merit and evidence and not

just on faith and popular schools of thought. It is the patient who always comes first. We as prosthodontists need to respect the opinions of our colleagues and still have an open mind to analyze and assess things with a global perspective.

We have to warn ourselves about commercially propagated science that can be easily called "pseudoscience". It is common to read or hear about statements like predictability and success of implants being better than that of endodontically treated teeth. But is this based on sound scientific fact and long-term clinical evidence or is it just scientific extrapolation, *i.e.*, assuming and concluding beyond the actual truth in science?

We have all seen and heard podium speakers and the guru cult promoted by the commercial houses. Let us be honest and admit that very often we see patients with poor quality oral healthcare. Most of the times, this is due to the failure to take into account the overall perspective for a patient's problems. Although a nonliving entity, the tooth to be replaced has to exist and function in a living environment. It is not just the missing spaces we are filling but rehabilitating the stomatognathic system for form, function and aesthetics.

However, aesthetics without occlusal considerations will have a disastrous effect. Lastly, prosthodontics is one of the oldest disciplines to evolve and it encompasses most of the other specialties in dentistry. A successful treatment outcome is the reflection of meticulous planning and execution. We cannot treat today's patients with yesteryears' technology and materials. Let us empower ourselves and keep pace with the progress that is happening at rocketing speed in dentistry!

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