



Oral Medicine and Radiology - How Far do we Acknowledge this Speciality!!!!

Aditya Jayan¹ and Gaurav^{2*}

¹House Surgeon, NSVK Sri Venkateshwara Dental College and Hospital, Bangalore, Karnataka, India

²Consultant Oral Physician and Maxillofacial Radiologist, Assistant Professor, Department of Oral Medicine and Maxillofacial Radiology, NSVK Sri Venkateshwara Dental College and Hospital, Bangalore, Karnataka, India

***Corresponding Author:** Gaurav, Consultant Oral Physician & Maxillofacial Radiologist Assistant Professor, Department of Oral Medicine & Maxillofacial Radiology NSVK Sri Venkateshwara Dental College & Hospital, Bangalore, Karnataka.

Received: May 14, 2020

Published: May 26, 2020

© All rights are reserved by **Aditya Jayan and Gaurav.**

As goes the saying, a “profession” does not merely stand on the foundation of its curriculum and books and students but on the bark of how each of its speciality is treated, respected, governed and practiced. As per the definition of Oral Medicine, it clearly echoes that this particular speciality is the one which besides opening the door to any and or every dental practice, also acts as a connecting link between Dentistry and Medicine, Psychiatry, Neurosciences, Forensics and various other arenas of Life and Health sciences thereby highlighting its wide panorama in determining the health of the ailing society.

As a House surgeon, various cobwebs entangle my thought process every single day when me being in a career opting stage have to scroll my layers of the brain cells through various faces of this speciality. There are post-graduates who have opted for Oral Medicine and Radiology by choice as their post graduate speciality while there are few who although being a part of the speciality fail to reap the harvest out of it. There are doctors of other dental specialities who document that Oral Physicians merely have to open the patient’s oral cavity wide open and land onto a particular diagnosis, while the same set of dentists as I observe come back to the same Oral Physician failing to treat the patient whose radiograph would have puzzled them between Dental caries and Cervical Burnout, or between an abscess and a Parulis!

The question that arises in this scenario is despite all these positive aspects enveloping the speciality, what has kept it as an undermined aspect of Indian Dentistry today?

If we hit the Bull’s eye, it is supreme body of our Dental Council of India which probably segregated this speciality as a “Non-Clinical” entity for almost huge decades thereby not only degrading

the importance of the speciality but also overshadowing numerous aspects which marks the uniqueness of this speciality. Amongst various other reasons include “part time or visiting or on paper faculties” in large numbers of colleges in our country. It could be because of salary limitations or the statutory bodies being lenient enough, the standard of Oral Medicine teaching has been decelerating. “Lack of qualified educators and mentors” are the biggest repercussions of the aforesaid fact! Tears rolled down my cheeks when I heard a nearby Oral Physician who had prescribed Carbamazepine to a patient suffering from Trigeminal Neuralgia without realising that he was also a patient of G6PD Deficiency and the patient died due to rupturing of RBCs.

Oral Medicine has a huge coverage in research arena as well. As a house surgeon, this aspect probably has inculcated a special liking within me towards the subject. However, “Lack of funding for Research Activities” in our country droops down the horizon of research perspectives. This was personally experienced by me while carrying out a short study in the department under the guidance of my OMR faculty in collaboration with a Cancer Palliative Care Centre called KARUNASHRAYA. Due to lack of grant, a well-planned cross-sectional study had to be converted into a questionnaire study.

Is this going to be the future of Oral Medicine in our nation?

Well the list is yet to unfold many more factors. Lack of sufficient knowledge and proper hands on training in Advanced Radiographic Techniques which includes at least the basic extraoral unit, Cone Beam Computed Tomography (CBCT) and to certain extent Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) units would definitely enhance the peculiarity of the speciality to

a much greater extent. This would also prevent the scenario of the OMR specialists passing out without having an apt and sound interpretation skill and confidence on these advanced radiographs. Next in the queue lies the treatment training towards the disease which in Nobel prize winner Dr Sidhartha Mukherjee's words is "The Emperor of all Maladies", rightly called as "Oral Cancer". In the hue and cry of various recent advancements towards early detection of oral cancers and sulking about the decreasing 5 year survival rate amongst the cancer ailing patients, we all tend to forget that there is a lot of lag in the adequate training protocol in the arena of basics of radiotherapy and chemotherapy itself. Quoting an Oncologist answering a curious student in one of the conferences I attended, as to chemotherapy cycle duration is determined by availability of drug and patient's comfort level, I felt I was so blessed that my Oral Medicine faculty in the college, although not an oncologist still taught me that duration of cycles depends on the turnover rate of the epithelial cells and hence 21 days.

Why do we all talk about the treatment failure, are we even well-equipped in the palliative care facilities to the patients who are on supportive therapy? The problem is not that the speciality of OMR does not hold the idea to suffice these requirements, but in the fact that they do not have enough facilities from the governing bodies of Dentistry to incorporate these armamentarial supports. In addition to all these, poor coordination of the Triple 'O' specialities in any educational institution is a matter of grave concern towards declining the value of not only OMR but the other two as well. In this era of Evidence Based Dentistry, Triple 'O's need to understand that they need to work in a multidisciplinary approach rather than fighting on issues on who should grab and publish a particular special case!

Oral Medicine dwells into multiple research arenas as I have mentioned a glimpse of it in one of my previous sections in this essay as well. These arenas include Oncology, Immunology, Stem Cells, Geriatric care, Targeted therapies towards various head and neck diseases and disorders, Autoimmune disorders and Forensics to name a few from the list of many others. Besides these, Maxillofacial Imaging too has a couple of these arenas viz, Quality Assurance and Infection Control, Indigenous soft wares for image management and many more. The success of these ideologies in Indian dentistry can be improved if the institutions could incorporate research blocks along with academic blocks and impart an overall image of this speciality to the budding dentists.

The biggest question that lurks the mind after post-graduation completion is job opportunities and settlement. Numerous such options are available but the irony is unawareness and lack of broad mindedness. The scenario reaching out to the Oral physicians is a myriad of avenues viz, Biomedical Engineering, Genetics, Short service commission, Indian Army Services, ESIC (Employees State Insurance Corporation), teaching in academic sector, oral consultancies, diagnostic scripting etc. can be undoubtedly classified as plethora of post MDS OMR options. Talking in global terms, the doors of European and Middle East countries are always open to skilled and qualified OMR professionals. Ever willing to pursue my post-graduation in Oral Medicine, my groundwork also fetched me various vacancies available for OMR professionals in United Nation (UN) bodies like UNICEF, UNESCO and WHO. In addition to these, OMR professionals skilled in Cardio-Pulmonary Resuscitation (CPR), Life support systems, dealing with cases of medical emergencies, expertised in IV/IM infections can excel in various other arenas of health sciences as well. These prospects of this speciality of Dentistry needs to reach out to the grass root level of students, faculties of other specialities and general dental practitioners. Dental Council of India (DCI) needs to realise that "Health of the body starts with the health of mouth" and the speciality of Oral Medicine "alone" as well as "in coordination with" other specialities of dentistry is capable of providing a healing touch to numerous lives across the globe. Hippocrates once quoted "Healing is a matter of time but also sometimes a matter of opportunity" and in this regard Oral Physicians add wings to that dream.

In our country, unfortunately Oral healthcare has remained a gray patch for a long time. A country where people do not have food to eat, how will the teeth get spoiled? Unfortunately, ignorance is not a bliss in our country but a matter of a grave concern and Oral Medicine in this regard enables us to think beyond certain fixed domains of etiopathogenesis. An indifferent attitude by Oral Physicians can address this alarming situation of oral health in our country. Hence, people, patients, governing bodies, statutory bodies, health professionals, studies and the entire profession of dentistry needs to work on fabricating a new and enhanced shelf life of thinking and mentality where in Oral Medicine and Radiology in Indian Dentistry gets its well deserved identity and dignity, no more being an underprivileged speciality in Indian Dentistry! This would not only upgrade the protocol of treatment but also carve a better skeleton of the entire profession of dentistry in India.

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

Website: www.actascientific.com/

Submit Article: www.actascientific.com/submission.php

Email us: editor@actascientific.com

Contact us: +91 9182824667