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Dear IADH members,

I have the great pleasure to give to the EDITOR'S LETTER of this “NEW IADH MAGAZINE ISSUE” to the person that really worked hard to have it ready for our enjoyment - my colleague and Editor as well Dr Timucin Ari!!!

It has been an enormous pleasure working with him - and always find on him all the excitement and the commitment to present and prepare the best! IADH is very lucky to have him onboard ... and I am ... even more!!!!!!!!

Thanks, Timucin for putting so much effort into the magazine!! It looks SENSATIONAL!! I hope everybody can enjoy it!!

Congratulations!!

I wish a very happy holiday season for each one of you!! And a Very happy New Year!! CHEERS!!

Leda Mugayar

Dear IADH members,

First of all, I would like to send you my best wishes for a healthy, joyful and prosperous New Year. New Year usually means new hopes and new dreams. This magazine is one of my dreams and now, when I look at my computer's screen I see that it has become reality. I have to say that, without your support this dream wouldn't have come true. If your support continues like this, I’m sure we will not only see the magazine on the computer but also read and touch it as published material. I believe that this will be our new goal in 2007.

I have already contacted many of you by e-mail in order to request your personal details and country news. One point that I noticed in the e-mail traffic is that some of our members thought this magazine is a scientific journal. Some members even sent me their “valuable articles” to be published in the magazine. Perhaps this magazine will open new horizons to our association and we will soon be able to see an “IADH Journal” in the future with an Editorial Board…..another dream.

This year in Goteborg, some of the executive board members left their posts to new members. From here I would like to thank all the past executive board members for their incredible input in bringing IADH up to its present stage. Under the leadership of Prof. Luc Martens, the new executive board has lots of issues that need to be tackled this year. One of the most important issues is moving forward with FDI and has already made considerable progress due to efforts of Prof. June Nunn. This year the FDI symposium is going to be held in Dubai under the title of “ABC of Special Care Dentistry” where IADH and special care dentistry is going to be introduced to FDI members in this symposium.

As I mentioned above, this magazine is not a scientific journal but it is an excellent way for us to communicate with each other. The friendship and warmth of the IADH members is the most unique part of this association and I think there is a “spiritual part” at IADH organizations, which always makes me feel so happy. I always feel privileged to be a member of IADH. I hope that we have achieved this IADH spirit with this new magazine. I am sure the feedback after the first issue will give us an idea if we’ve made mistakes or not.

There is a section at the end of the magazine called “IADHAPPY”. With the IADHAPPY page you can share your fun photos, birthdays, anniversaries etc. This section can only be meaningful with your valuable input.

In my presentation at the council meeting I mentioned that in each issue, a member country is going to be presented. This issue is about my country “Turkey”. I truly hope you will enjoy it. In the next issue I’m sure one of you will contribute with presenting his/her country.

My words will end with a special thank you to Dr. Leda Mugayar for supporting and guiding me in the preparation of this magazine, and also to Dr. Clive Friedman, Dr. Roland Blankenstein and Prof. Luc Martens for their encouragement.

With very best wishes for 2007

Timucin Ari
timsel@yahoo.com
I am very pleased to welcome you to the new look iADH magazine. During the last congress in Göteborg there were 750 attendees. Even if we exclude all Scandinavian colleagues there were still 500 people from 46 countries. There was great interest in all the main symposia and other lectures. Walking around in between lectures, in the poster hall and during the social events, it was again confirmed to me that iADH is one big happy family. In my experience, after traveling the world for more than 20 years, this is the only group where highly skilled clinicians, dental nurses, care-givers and specialized academics share their expertise in a friendly, gentle way with no borders or limitations in approaching one another. Caring for patients with disabilities is the main goal for all of us and this brings us together every two years.

In a family however, two years without seeing or hearing from one another is a very long time….

Until now iADH did not have enough financial resources to establish its own journal or to send out a hard copy newsletter to its members. Furthermore, having member-countries instead of individual membership did not make matters easy. On the other hand, keeping in touch is of great importance, and to this end the website was established. Two years ago the Executive board of iADH decided to develop an e-magazine via the website and the first issue was edited by Dr Leda Mugayar (Sydney-Australia) which can still be accessed via www.iadh.org.

During the congress this year, Dr Timucin Ari (Istanbul-Turkey), proposed a new approach for this magazine which was accepted by both the Executive and the Council. He has made a great effort to develop something attractive to all our members. The first issue of this newly designed magazine is a reality! This magazine will provide information on congresses and other meetings, scientific information etc. and also the iADHAPPY section.

I am very grateful to Timucin and his team for their enthusiasm in doing this and I hope this new step in creating a continuous dialogue between iADH as an association and you as an interested individual will touch you all and encourage you to participate in it!

If we cannot see, smell or hear each other, we can read each other!

With warmest regards..
Luc Martens
iADH-President
Sharing Experiences

Special Care Dentistry: A personal career pathway?

I started my professional career in the mid-sixties working as a general dental practitioner in a first floor dental practice accessed by a steep narrow staircase. Given the problems with access, it was not surprising that few if any disabled people registered at the practice. During my entire undergraduate training, I had only treated 3 patients who fitted the criteria of special care: a teenager with haemophilia, a young adult with cerebral palsy and an adult with a mild learning disability.

Some 10 years later, when we moved to Sussex, I switched to working part time while studying for an Open University degree. I had been volunteering on holidays for physically disabled people since my early twenties and decided that in my spare time I would do some voluntary work. So I became an escort and mini-bus driver taking students from my husband’s school to visit the residents’ social club at a large institution, a ‘hospital’ which was home for some 600 adults and children with a learning disability. There was a special school in the grounds and a number of children lived in the hospital. Some of the older residents did not have a learning disability but had been institutionalized for some small misdemeanor that would have brought shame on their families.

I was appalled by the state of residents’ mouths and these were by far the more able residents. They had access to a fortnightly emergency dental service with referral for treatment under general anaesthesia when required. So I offered my services and was initially employed for 1 session a week, which was eventually increased to 3 days a week. I had no idea what I was taking on. Working in an institution is in itself a learning experience. It had progressed very little from the days when institutions were run by a Board of Governors and favoured outdated Victorian principles of control. My grandparents had been Master and Matron of a workhouse, so I had some understanding of the conditions that prevailed. But my knowledge of ‘mental handicap’ as it was called then, was limited to some basic information about Down syndrome. My greatest ally in tackling the problems was a retired Matron who had worked there for 40 years, and who believed in high standards of personal care and hygiene; she knew all the residents and their family histories. And in the absence of any dental textbooks to help me, I spent my lunch-time in the library reading psychiatric tomes about the various syndromes. There was a dental surgery equipped with almost antique equipment, a cable driven drill, a hot water steriliser (normally used to heat ‘hot dogs’), a few forceps and scaling instruments and re-usable needles. Few residents had the ability to be self-caring in oral hygiene and yet nursing staff had not received even the most basic oral health education. Toothbrushes were rationed and ordered along-side toilet brushes!!! Bathroom facilities were quite inadequate to promote personal hygiene. So my subjective impression of severe oral neglect was quite consistent with the results of surveys that started to be published in the 1970s. A large number of dentate residents had untreated caries and this in a population that had little opportunity to consume cariogenic snacks between meals, and many looked under-nourished. However there was no
My primary objectives for the service were to relieve pain and discomfort, provide a comprehensive service within the resources available and ensure that all residents, children and adults received an appropriate service. The barriers to be addressed were client and carer related, resources for treatment and referral for secondary care and my own lack of experience and need for professional training. And over the next seven years, I did manage to make some major changes: upgraded facilities and equipment, training programs for staff and an agreement that all new residents admitted should be automatically referred for an oral assessment. I gradually got to know all the residents as individuals, and despite being persistent and demanding, I was eventually accepted as a member of the hospital multi-disciplinary team.

I was asked to see a 5 year old child with a severe learning disability who had been admitted to the hospital wing because he had been chewing his lips and tongue. I was presented with the most horrific sight; the degree of trauma was so severe that his lips and tongue were about to desquamate. I was asked to extract his primary teeth to prevent further trauma. This was in the days before BSDH with no-one to consult with; I felt very alone in making a decision. But after considerable soul-searching, discussion with his parents and the team, this seemed to be the only option. The local consultant was not prepared to admit him for treatment under GA so I extracted incisors and canines under local anaesthesia. This child was subsequently admitted to hospital and suffered severe scarring of the peri-oral tissues which affected eruption of the permanent dentition. This very distressing and unnecessary situation might not have arisen if the child had been routinely referred when admitted. It was a lesson we all learnt and created the foundation for the hospital’s policy for Oral Health Care.

I have to acknowledge how much I learnt from the residents of this institution. Having volunteered to work with disabled people since I was a student, I have been very fortunate to receive a unique education in disability awareness from many disabled friends. That has enriched my life and given me a real insight into the discrimination that disabled people experience on a daily basis, not just within health care, and helped me to have a realistic and pragmatic approach to confronting disability discrimination.

And in the late 70s, I found light at the end of the tunnel when I discovered the newly formed British Society for Dentistry for the Handicapped, later to be called the British Society for Disability and Oral Health (BSDH). It was the influence of BSDH that helped to reduce my feelings of professional isolation, and cope with working in such a demanding environment.

So my career in special care dentistry has been long and with no clear direction until I joined BSDH. But I can certainly recommend the benefits of volunteering to work with disabled people and the personal insight that provides of the wide-reaching discrimination that disabled people experience.

Janet Griffiths
Past President BSDH
Dear Colleagues,

Some of you may know or recognise me from previous IADH Congresses, but for those of you do not, this is what the new Secretary/Treasurer of the IADH looks like on a good day. I took over from Professor June Nunn at the Congress in Goteborg in August 06. I am based in a small village situated between Manchester and Sheffield in England. I have now retired from clinical dentistry, and feel very honoured to have been asked to take on this new role. I will do my best. If you have any queries about the IADH please do not hesitate to contact me at rblank@waitrose.com

I applaud Timucin Ari and Leda Mugayar for all their hard work in getting the magazine up and running and hope it will be a great success.

It is with deep regret that I have to inform you that Dr. Jean Verstraete’s wife “Katrien Van Walleghem” was died just after attending the Goteborg Congres, on October 31st due to a bike accident. We send our condolences to Dr. Jean Verstraete and to her family...
Rodolfo Castillo Morales is the youngest of nine siblings. He was born in 1940, in Concepción del Uruguay (Argentina) and was brought up in a large and noisy family, surrounded by a natural environment, close to north-eastern Argentinean aborigine communities. As a matter of fact, his mother was blended from “charrúa” and Italian parents, which may explain (as he always mentions) the first reason for his special sensitivity to Latin American aborigines and the latter observation of their culture that guided his work.

He was graduated at the School of Medicine, University of Córdoba (Argentina) in 1965 and continued his postgraduate education in Spain (1968), focusing his studies to Rehabilitation Medicine. He had the opportunity to learn different concepts directly from their authors: Bobath and Vojta.

In April 4th, 1977, he was introduced to the Kinderzentrum (Munich, Germany), by Prof. Theodor Hellbrügge, where he completed the development of his own concept for the rehabilitation of patients with neurological disorders.

Castillo Morales brings to the field of neurological rehabilitation anthropological aspects related to a holistic vision of the human being, as he learnt from the aborigines: The patient is a whole, not an arm, a leg or a mouth, with a particular cultural and environmental background that has to be taken into consideration while planning the therapeutic approach.

Communication is a fundamental issue according to Castillo Morales. Although he became very popular among European dentists because of the use of palatal plates in children with Down syndrome, he always emphasizes that such devices are only a part of a whole concept that includes, among other aspects, body preparation and orofacial regulation of the muscles.

Recently, Dr. Rodolfo Castillo Morales was awarded with the Honorary Fellowship of the IADH, during the last meeting in Göteborg (Sweden). He is still working in his private clinic in Córdoba (Argentina), ready to help his patients and his students. He gives courses and educates professionals to be “Castillo Morales Teachers” not only in Argentina but also in Brazil, Perú and other countries in Europe.

He is, basically, a great person/professional and a loving father, who is proud of his seventeen years old son, Thommy.
Congress Photos

PRE-Congress Symposium at “Elite Park Avenue”

Welcome Reception at the City Hall “Börsen”

Opening Ceremony at “Concert Hall”

Viking Party & Congress Dinner

For More Photos Please Visit
http://www8.vgregion.se/MUN-H-CENTER/Archive/TEMPLATES/TEMPLATES_INFO/Bilder_IADH.asp
**OSCAR SUAREZ SANCHEZ**  
(Harward School of Dental Medicine Restorative & Biomaterials, United States)

This is the second time for me to attend the IADH congress. This first one was in Calgary, Canada. I think, the way to address the global problems about disability and oral health, the IADH has a major role. Especially in development of public awareness and important statements that helped to clarify the common concerns.

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**TAKAFUMI OOKA**  
(Showa University, Japan)

This is the first time for me to attend the IADH congress. I found the congress very nice. The reason why I attend this congress is; I’m really interested with the prevention of dental disease in special needs people. The other reason was to learn more about the functional appliances especially for patients with orofacial problems.

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**KAROLINA GERRETH**  
(Poznan University of Medical Sciences Department of Pediatric Dentistry, Poland)

This is the first time for me to attend the IADH congress. I think it is such a great idea to have an organisation that serves especially for disabled children. Because it is such a big problem. And in most of countries families and special needs patients have the same problem such as finding dentist to treat their children. And also very few dentists have the knowledge to treat these patients. I think exchanging information in these congresses is the best way for the dentists to learn more in this very unique field.

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**RUXANDRA MORARU**  
(University of Medicine and Pharmacy “Carol Davila”, Romania)

I am Clinical lecturer at the University of Medicine and Pharmacy Carol Davila Bucharest and the head Department of the Oral health and Behavioural sciences. I am also senior dental officer and the chairman of ASODR, Romanian Association of Disability and Oral health. My special interest is in planning and performing clinical treatments for people with special needs in institutions and also planning predictive and preventive programs for schools and special schools in Bucharest. I do perform research in behavioural sciences, oral health and quality of life.
GENERAL MEETING OF IADH

- Jan Anderson-Norinder, the President of IADH, welcomed everyone to the meeting, especially those new member countries. He also introduced the Shadow Executive.

- The Minutes of the previous meeting in Calgary were not circulated as Council Representatives have them and were available to their members.

President’s Report

- The last 2 years has seen collaboration with both the FDI and the WHO. A representative from the FDI had been invited to the Congress. A Memorandum of Understanding between the FDI and IADH concerning oral and dental care for people with disabilities had been drafted.

- WHO were contacted early on during the Congress planning. Unfortunately Poul Erik Petersen, who was going to speak at one of the Symposia was sick and not able to attend. June Nunn very kindly took his place. Dr Petersen will be approached to give his lecture at another date.

- Most of the President’s work has been in the organisation of the Congress. Scholarships to the value of $25,000 had been made available to bring delegates to the Congress. One of the Working Groups at the Council meeting was on Developing Countries, and these scholarships underlie some of the work that they are undertaking.

- One of the changes being introduced is that the President will no longer be responsible for organising the Congress. This will free him/her up to attend to other duties.

Secretary/Treasurer’s Report

- Communication with Council members has been a significant part of the Secretary’s work; that is why it is so important that Council members inform us of up-to-date contact addresses.

- The reports that Council members have provided concerning activities in their countries has been very useful, and it is the intention to eventually put these on the Web.

- The budget reports for 2004 and 2005 were presented. Assets for 2004 after the Calgary meeting stood at $59,004, and $60,374 at the time of the Goteborg Congress.

- Council members were reminded that it is important to keep their subscriptions coming in. Even though the finances of the IADH were healthy, they did tend to fluctuate and it was important to keep a sound financial footing in order to support the work that will be undertaken by the Working Groups.

- The Secretary wanted to thank Borje Robertson for keeping the financial records of the IADH in such good order.

Nominations
As from August 2006.

Executive:
- Luc Martens

- Awards Committee
  - Ilknur Tanboğa
  - Imke Kaschke
  - Jan Anderson-Norinder

- Members-at-large
  - Gabriela Scagnot
  - Junichi Mega

- Nomination Committee
  - Jan Anderson-Norinder

- Honorary Editor
  - Timucin Ari

- Website manager
  - Martin Arts

- Secretary/Treasurer
  - Roland Blankenstein
  - Jan Anderson-Norinder

- Past President
  - Jan Anderson-Norinder

- President Elect
  - Leda Mugayar

- Past President
  - Jan Anderson-Norinder

- Nomination Committee
  - Jan Anderson-Norinder

- Nomination Committee
  - Burton Nussbaum

- Website manager
  - Neeta Prabhu

Business from the floor

- Dimitris Emmanouil made a proposal. In order to promote oral health for people with disabilities we should establish more formal means of communicating with people and organisations outside the IADH, either through the Journal or the Web. He proposed that we have, for example, an Honorary Editor who would be responsible for controlling all our formal communications with the rest of the world. This would have implications for the IADH website once it is linked to that of DINOH.

- Luc Martens wished to thank the organisers of the Goteborg Congress for everything that they had done and also thanked his colleagues Luc Marks and other Flemish dentists for taking on the great task of organising a future Congress.

- Stefan Axelson informed the meeting of the establishment of the North European Countries of the IADH that first met in Calgary 2004. They propose to draw up an inventory of minimal standards for under-graduate education in special care dentistry that should be taught in their dental schools.

Executive Board Meetings

- Honorary Fellowships have been awarded to Dr. Rudolfo Castello Morales and Professor Susumu Uehara.

- The number of Honorary Fellowships that will be awarded will be limited to about 10 in order to maintain their significance. They will be awarded to people who have made a significant international contribution to the work of the IADH and to the well-being of our special care patients.

- The web-site is not functioning because the web-master has gone bankrupt. This matter is being urgently attended to. We are also looking into the possibility of linking with the DINOH website that is established in Argentina because of its distance learning packages and discussion groups.

- Leda Mugayar hoped that everyone now had access to the IADH magazine and plans to have a link from the main IADH website when it is up and running. She asked for contributionsto the magazine and introduced Timucin Ari as the new Honorary Editor.

- Very important collaboration has been established with the FDI and the IADH are about to sign a Memorandum of Understanding with them. This will give us a platform to participate in the FDI’s Symposia and meetings. Furthermore they will partly fund our attendance at their meetings.

- There were 4 Working Groups during the Council meeting and the outcomes of these meetings can be obtained from Council Representatives.

The 4 Groups were:
1. Mentoring
2. Contributions for the Symposium at the FDI in Dubia 2007
3. Developing Countries
4. IADH Congress in Brazil 2008

Questions from Sue Greening (UK): A resolution at the WHO has resulted in a new classification of disability. Has IADH been involved in this discussion?

Reply from Clive Friedman: IADH had not been formally asked. Clive attended the WHO Conference of ICF in Vancouver and presented the IADH view, and he has been invited to attend the next meeting in Buffalo. The numbers of oral health issues are now increasing.

Formal acknowledgments

- Jan thanked all the members of the Executive who would now leave the committee, and he especially wanted to express his deep gratitude to June Nunn for not only being a great support to him during his term of office, but also for all she had done for the IADH.

- Jan handed over the Presidency to Luc Martens who asked Gabriela Scagnot to introduce the next Congress in Santos, Brazil.

- Luc, Gabriela and Marcello Boccia then formally signed the agreement between IADH and the Argentinean and Brazilian Associations concerning hosting the next Congress.

Luc Martens expressed his thanks and gratitude for his appointment as President, and mentioned that a lot of expertise was now leaving the Executive. The IADH was getting stronger, and as President he will want to increase links with the FDI and WHO, and to get the IADH website up and running again. He also felt it was time to review the Constitution and re-consider some of the items on the Committee Agendas.
Research

The outlines of the “mentoring / exchange program” are:

- **Research based visit.** Dentists who don’t have enough research conditions / opportunities in their own country and willing to perform a unique / scientific research, can attend this program. IADH members who can provide this type of opportunity (either at university or institution educational hospital) can invite these students / dentists for this project. At the end, this research project can be published either in the journal or can be presented in the congress for the award. The announcement of this research project can be done in IADH web page. The researchers from different countries will fill the application forms including the abstract of their project and the members of IADH can invite the owners of these projects.

- **Observatory visit.** One of the best way to learn in special care dentistry is observing how the experienced dentists in this field practise in their own setting. This can be done either in private practise or institution educational hospital / university setting. The observer dentist may have the opportunity to share his/her ideas and also can ask questions in a more friendly condition. Also when the observer returns his / her own country they can move the steps faster by using this experience that he / she had during this visit. They can easily provide the same conditions in their own country. The observations can be done in different subjects such as daily oral health care, preventive treatments, behavioral management techniques, adaptations in dental office, office management, training of the staff, experience in both dental operatory room and also for general anesthesia room etc. The financial problems can be solved both by the participant and the invitor. Accomodation can be provided by the IADH member who invites and the other issues can be done by the observer. This type of visit can be a very good opportunity for the visitor and the invitor both for educational and pratical information. It will be most helpful if the visitor can be very specific about what they want to see so that the invitors make the appropriate enquiries.

- **Postgraduate Program.** Some faculties of dentistry offer training for internationally-trained dentists who wish to pursue training in research and training in the chosen advanced dental specialties. For the IADH members who have programs like this can write their names on the excel sheet and the prospective student can directly contact with this member ( I request all the members to give me more information about the outline of the program, admission requirements, and application forms). The financial problems can be solved by the applicant’s own country or by themselves.

To Request for the application form, please e-mail timsel@yahoo.com
Upcoming Events

Spring Meeting 2007
“Communicate with Confidence” issues of communication in Special Care Dentistry- 11th May 2007, Newcastle upon Tyne, England, UK

Winter Meeting 2007
“Mental Health Issues”-Friday 7th December Chartered Accountants Hall, London, UK

For further information please contact Dr Kathy Wilson: kathy.wilson@sthct.nhs.uk
www.bsdh.org.uk

2007 FDI Annual World Dental Congress- ABC of Special Care Dentistry. 24-27 October 2007, Dubai
www.fdiworldental.org

5th EAPD Interim Seminar - March 22 - 24, 2007 - Winterthur, Switzerland
www.paediatricdentistry-swiss.org

2007 60th Annual Session 24-28 May. San Antonio, Texas, USA.
www.aapd.org/annual

2007 Annual Meeting-Early Childhood Caries: aetiology, prevention and treatment. 27-29 September, Calgary. Alberta, Canada
www.capd-acpd.org

21st IAPD International Congress-13-17 June 2007, Hong Kong
www.iapd2007.com

15 th Biennial Conventions of the Australian and New Zealand Society of Paediatric Dentistry. 22-25 May 2007 - Broome - Western Australia
www.anzspd2007.org.au
Being in the center of the birthplace of human civilization, Turkey has plenty to offer to history lovers. Ancient Anatolian civilizations such as Hittites, Lydians and Urartus left their marks on central Anatolia, and many of their remainings can be seen in museums and ancient city excavations in and around Ankara. Ancient Greeks have flourished in Southern and Western Turkey, where you can experience a beautiful coastline surrounded with thousands of years of history.

Turkey also carries the marks of Muslim Ottomans. Best examples of Ottoman mosques, caravansaraiyes and schools can be seen in northwestern Turkey, especially in Istanbul.

There are many interesting places to visit and activities to do in Turkey. Enjoying the sandy beaches and the clear seas, visiting various interesting landscapes, seeing the historical Ottoman mosques and travelling back in time in the world of ancient civilizations are all in your list of options. Here, we will present a list of the most popular places in Turkey to help you decide where to go and what to do.

Turkish culture is an immense mixture partly produced by the rich history. The original lands of Turks is Central Asia, bordering China. From this location, they were forced to move west for various reasons more than a thousand years ago. On the way to Anatolia they have interacted with Chinese, Indian, Middle Eastern, European and Anatolian civilizations, and today's Turkish culture carries motives from each one of these diverse cultures.

Istanbul or the ancient city of Constantinople, spells splendor, magnificence and grandeur. Made famous by crusaders, this ancient city is at present Turkey's cultural heart and erstwhile capital. Surrounded by the Marmara Sea and the Black Sea, this important port city is positioned on both Europe and Asia. The important body of water dividing Istanbul into two is the Bosphorus, which is also the only alternative to reach the Aegean Sea and the Mediterranean Sea.

With the variety of landscapes and geographical regions, Turkey is a country where you can do all sports and activities you can imagine. You can paraglide over the Dead Sea, do scuba diving in Antalya, rafting in River Coruh, yachting in the blue coastal line, hot air ballooning in Cappadocia, mountaineering in mount Ararat and hunting in the national parks of Turkey. You can also play golf, explore caves, ski on the mountains, visit hot springs and spas, enjoy the national parks, view the wild life or travel the green plateous of Turkey.
TREATMENT OF MENTAL ILLNESSES WITH MUSIC THERAPY

A different approach from history

Complex of Sultan Bayezit II / Edirne / Turkiye

Beyazit Complex, with its mosque, darussifa (hospital), imaret (soup-kitchens), medrese (school), hamam (bath), mutfak (kitchens), mill, depots and its own bridge, is one of the largest in the World in 15th century.

While the mental patients were subjected to inhumanly severe tortures and even killed because devil entered into their spirits in countries during the Middle age, some mental patients living in Ottoman Empire time were treated with MUSIC at the DARUSSIFA (menthal hospital) section of the institution in Edirne made to be constructed by architect Hayrettin by Sultan Bayezit II in 1488. EVLIYA CELEBI, who visited this DARUSSIFA in 1640, told in his book of travels in length about how they treated mental patients here with music. Treatment with music was not indeed the invention of Ottoman Turkish mental doctors. However, the Ottoman Turkish mental doctors, who reached a higher level than their contemporaries in the branch of mental medical practices through their scientific studies, were quite advanced in the treatment of patients with music. Also according to EVLIYA CELEBI, "the head doctor of Darussifa who had sufficient knowledge and experience on the positive effect of music on human spirit initially made his patients listen to various airs of music, observed whether their heart rates increased or decreased, determined the suitable melody that they benefited from, gathered similar complaints and diseases and made the music group of Darussifa perform concerts on certain days of the week".

TREATMENT WITH MUSIC, applied by Ottoman Turkish mental doctors scientifically and satisfactorily, is presented as an innovation in present modern psychiatry and studies are made on it. Musical therapy for the patients was carried out by ten singers and musicians. Sound of flowing water from the foundations in the complex was another medicine for the mentally ill patients.

Here are some of the traditional “Ottoman Music” modes applied to patients.

**Rast Mode**: Useful for epilepsy and paralysis
**Iraqi Mode**: Beneficial for the quick-tempered
**Isfahan Mode**: Clears the mind, increases the intelligence and renovates memory.
**Rehavi Mode**: Beneficial for headache, facial paralysis and calms hyperactive patients.
**Buzurk Mode**: Good for feverish illnesses, clears the mind, removes the fear and directs the opinion.
**Zengule Mode**: Remedy for heart disease.
**Hicaz Mode**: Good for urinal disorders, stimulant for sexual desire.
**Ussak Mode**: If someone will sing this mode in whisper to the child’s ear, it will have a calming/hypnotic effect.

The patients were also treated with the sight and with the fragrance of flowers such as hyacinth, tulip, carnation, wallflower and jasmine. The mentally ill patients were fed with partridges, pheasants, pidgeons, stockdove, duck and nightingale, depending upon the type of their illness, and the birds were cooked according to doctor's specifications.
iADHappy is the section of our magazine where we can share our nice memories, photos for fun, birthdays and anniversaries. We are not going to write anything related with guidelines, case discussions... ONLY THE HAPPY MEMORIES...

TO ALL READERS AND MEMBERS OF IADH

I would like to take this opportunity to wish you all a healthy and happy new year. Dr. Leda Mugayar and I are the new editors of the IADH magazine. During the next 2 years we will endeavor to bring you a magazine full of the latest information on our profession including your own comments and updates. This section of the magazine is very unique and will be called iADHappy – within this section we would like to mention all special occasions such as birthdays and anniversaries. Please be so kind to contact with me for our database which will enable us to remember your personal important dates. Looking forward to your input.

Sincerely yours.

Dr. Timucin Arı.

What happens when you become a President?

Photos clearly tells us how it is difficult to be a president. Thank you so much Jan...