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From the President

Dear friends all over the world,

This is now the fourth magazine, and so our goal for 2007 has been reached. Since the summer issue all our attention has been devoted to the first IADH symposium at the FDI Congress in Dubai. Before that in early October I was invited by the Italian Society (SIOH) to Milan to open their national congress on special care dentistry (see further in this newsletter). About 200 enthusiastic colleagues from all over Italy were present and I met a very enthusiastic (young) group of board members. It was 15 years ago (when the IADH Congress was held in Venice) that I had contact with this group and I was really surprised in a positive way seeing all these new faces. Together with the newly appointed president, Professor Pizzi, SIOH and special care dentistry has a future in Italy!

Coming back now to the FDI meeting. It was an experience to arrive in the Arabic world and especially in Dubai where the motto is ‘big, bigger, biggest’. Even though being in the desert, the most modern complexes are built there. I was only four days in the hotel of the conference centre and I focussed on my duties as President of the IADH. The most important duty was the symposium presented by Imke Kasche and Timucin Ari and myself. I may say that we did a great job which was well appreciated by a small number of attendees. More about this further in this magazine.

In addition there was a meeting with Steve Perlman (general manager) and Luc Marks (area manager for Europe and Asia) about possibly improving better collaboration in the future between the Special Smiles projects worldwide and IADH. There was also a morning symposium on Special Smiles with a report on the latest Shanghai Olympic Games, and on 5 year consecutive results in Belgium.

A few hours before my departure for Dubai an interview was requested by FDI, and during the congress this was published in their daily newspaper (see also further in this magazine).

Another meeting was scheduled with Stephen Hancocks, publisher of the Journal of Disability and Oral Health. The journal will expand to four issues a year and everything is going to plan to establish our official IADH journal by spring 2008! Our secretary, Roland Blankenstein, will soon be contacting all Councillors and Individual Members to inform them of how to access the on-line journal.

Finally, according to our “Memorandum of Understanding” with the FDI, I attended the general assembly meeting where we have a speaking right but no voting right. Besides a lot of policy documents a new FDI president-elect was appointed: Dr Robert Vianna from Rio de Janeiro, Brazil. Perhaps this will be of interest to our colleagues who are hosting the next congress in Santos!

Dear friends, time is moving fast and my presidency is past the halfway mark! Before we meet again at the next congress it is our goal to continue with this magazine (with our driving force, Timucin), to have the official journal, to rebuild the website (with Martin Arts) and to organize a second IADH symposium at FDI in Stockholm which is before our Santos meeting.

I wish you all the best for the end of the year! Peaceful Xmas Eve and Happy New Year in good health!

Luc Martens
Dear IADH Members,

We are back again with the new issue of IADH Magazine.

When we first launched the IADH Magazine a year ago, we mainly focused our editorial on “communication” between members.

In every issue we try to inform you about our members in different parts of the world.
The aim of the “News from Countries”, “Sharing Experiences” and “IADHappy” section is to give more information about IADH members. This is why we always send you e-mails to request for your news.
Please keep on sending us the news from your country, photos, anniversaries, birthdays etc...whatever you send is always welcome.

The other sections of the IADH Magazine, covers a wide range of topics from history to culture and to alternative medicine.
We hope you’ve enjoyed these topics and the new look of the magazine.
Please feel free to send your feedback to us. As we always mentioned, this is our magazine and your feedback is important for us.

The New Year is coming and it’s the time for all of us to think about this year and also to decide what we can do for the coming year.

We wish you a happy, successful and joyful New Year.

Well, there is not much to write. Read on, this is your magazine...

Timucin ARI
NEWS FROM IADH

The FDI Annual World Congress was held in Dubai on 24-27 October 2007. This was the first time for FDI to host the “IADH Symposium: The ABC of Special Care Dentistry”. The symposium was held on 25th of October. Prof. Luc Martens, Imke Kasche and Timucin Ari were the representatives of IADH in this symposium. The first speaker of the symposium was Prof. Luc Martens who gave detailed information about the definition of “Special Care Dentistry”, the history of IADH and future collaborations with FDI and other organizations. After this informative presentation Dr. Timucin Ari made his presentation about oral health problems and risk factors in special needs children and practical intervention methods in dental practice. The last speaker was Dr. Imke Kasche, who gave information about oral health status of adults with special needs and the importance of prophylaxis. After the presentations questions from the floor were answered and comments were made about the future meetings on special care dentistry.
Interview for FDI worldental daily: Dubai 25th oct 2007

Special Care Dentistry in Daily Practice
Prof. Luc Martens, Belgium

Prof. Martens graduated from the University of Ghent in 1980 and completed his PhD there in 1987. He is the chairman of the Department of Paediatric Dentistry and Special Care at Ghent. He is the author of more than 75 international publications and supervised six PhD theses. He is the director of the masters programme in Paediatric Dentistry and Special Care and the director of the PaeCaMed research group. Prof Martens is a founding member and Past President of the European Academy for Paediatric Dentistry (EAPD) and current President of the International Association of Disability and Oral Health (IADH). Recently he became appointed visiting professor in Special Care Dentistry at ACTA-Amsterdam, the Netherlands.

WDD: The IADH recently changed its name from the International Association of Dentistry for the Handicapped to the International Association for Disability and Oral Health. What has been the reason for it?

Prof. Martens: After years of discussion within the IADH council the change of the name was finally decided in the year 2000. The main reason for it was on the one hand the strict meaning of the word ‘handicapped’, which has worldwide a pejorative sound and which is spontaneously related to mental retardation. The target group of IADH however, is a group of patients with special needs. This is far beyond the border of being handicapped. It deals with all patients with impairments, disabilities and finally handicaps (see next question). Furthermore, we decided to take after the United Nations and the World Health Organization in their use the term disability in their policy documents. In addition, the term ‘dentistry’ became old fashion in modern health policies. Care for the whole oral sphere is important, not only teeth, therefore ‘oral health’ was introduced in place of dentistry.

How do you define the term “disability” and what patient categories are included?

Prof. Martens: According to WHO, disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure, while an activity limitation is a difficulty encountered by an individual in executing a task or action and finally, participation restriction, is a problem experienced by an individual in involvement in life situations.

Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives.

In the recent model (1997), impairment is pointed out as a functional limitation (physically, mental or sensory). In this context we can consider the blind people as visual impaired, the deaf people as hearing impaired. We talk also about learning impaired and also ‘geriatric’ patients can be considered as patients with impairments. None of these groups likes to be considered as handicapped! Disability is then defined as loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. In this context, the mentally retarded, the autistic people, syndromes, cerebral palsy and also dementia can be considered as patients with disabilities. Since then the term ‘handicap’ was banned from documents.
What kind of special needs do patients of each group have, when they consider dental treatment?

Prof. Martens: One of the major special needs is the basic need for optimal oral hygiene. A lot of disabilities are accompanied with minor or no self-dexterity, which means that daily brushing must be performed by caregivers. Further, it depends on functional problems, such as left clip palate, drooling and craniofacial disorders, nutritional problems, like mixed food and in between meals, drug administration, such as those of chronically diseased children or those with epilepsy, which a certain patient with a certain disability has or develops a certain special need. Myofunctional therapy, periodontal therapy, increased preventive measurements, development of individual devices, sedation strategies etc. are some examples of special needs that patients can have.

How can dentists meet those needs?

Prof. Martens: One of the major goals should be that every general dentist show some affinity for these patient groups and if not that he refers to a colleague who does or to a specific centre for special care dentistry. The dental treatment of an autistic patient can perfectly be done in the private practice if the dentist is aware of certain ‘rules’ dealing with autism. A patient with Down syndrome can perfectly be treated in the private practice if the dentist knows something about the presence of shortened roots and potential periodontal breakdown and if he is aware of potential cardiovascular problems. Any wheelchair patient can be treated in a regular dental office, as long as the facilities are accessibly by wheelchairs. Furthermore, a lot of special needs groups live in homes, institutions or are hospitalized. There is a real duty for dentists to fulfill the special dental care these people need.

To my personal opinion Special Care Dentistry is for all general dentists who show affinity for these patients and who are willing to get trained in order to learn recognition of special needs, and to get skilled in their special care when needed.

Major demographic changes are changing social structures in the developed world. There will be more and more elderly patients with special needs in the future. What does that mean for the daily practice?

Prof. Martens: Indeed the elderly group is one of the future increasing special needs groups as life expectancy increases. But again one has to distinguish WHEN elderly people needs special dental care. Nowadays we talk about vulnerable elderly, persons 65 or older, who are at high risk of functional decline or even death, and frail elderly, persons with an unstable disability in which even the smallest event may affect his or her ability to function daily. These particular groups however will not easily attend the dentist in the private practice, but general dentists will probably be consulted on site to homes and institutions.

What can dental professionals do to prepare themselves for this?

Prof. Martens: The dental profession should at least be aware of the existence of special needs groups and consequently of the need for special care. Taking into account life expectancy -also for those with chronic diseases- the dental profession should be aware of an increasing population with special needs. In this respect it is great that the FDI adopted a Policy Statement on oral and dental care of people with disabilities (2003).

In order to deliver basic knowledge to all dentists, special care dentistry should become part of the dental curriculum worldwide. Furthermore it is clear that at a certain point really special skills are needed and that specialized practitioners will be needed. Policy towards a recognized specialty for a limited number of practitioners is strongly recommended. Finally health policy makers must realize that optimal oral health is a basic right for every human being and optimal oral health determines quality of life!
NEWS FROM AUSTRALIA

Putting Our Hands Together – Special Care & Oral Health Seminar & Symposium
21st September 2007
Hunter Valley, New South Wales, Australia

The Australian Society of Special Care in Dentistry joined forces with the Dental Therapists Association of NSW to present a day of lectures in the beautiful Hunter Valley. Other topics covered included psychology of patient management, public health and multidisciplinary approaches, alternative therapies and train-the-trainer programs, making it a diverse and practical Special Care program.

Associate Professor and Director of the Bachelor of Oral Health (Sydney) program, Peter Dennison presented ‘Bachelor of Oral Health (BOH) as part of the dental team’ the Community Clinical Interface.

Dr. Meg Hyam (BDS, BPsyc.) presented ‘Psychology of Special Care patient management’

Dr Sally Hibbert, pediatric dental consultant for the Children’s Hospital, Westmead and Westmead Centre for Oral Health detailed common oral health problems, particularly saliva-related, in people with Special Needs. Sally is also in private practice in Newcastle, and gave us the benefit of her knowledge in both areas.

Rachel Hampshire, senior speech pathologist at Westmead Centre for Oral Health, explained the nature of the tongue tie clinic; oral motor function therapy clinic and pediatric ward rounds. Rachel also works in private practice in Sydney.

Sarah McKay, dietitian at Westmead Centre for Oral Health discussed her role in oral motor function therapy, and as part of the oral health team.

Innovative models of care were presented in the afternoon session.

Meredith Kay, Director of Northern Sydney Central Coast Area Health Service, will outline new programs in this region.

Elizabeth Hillman and Siva Premkumar, oral health educators, presented two train-the-trainer programs,
Smiles for Life
Residential Oral Care

Sharyn James gave an update on models of care in the Newcastle region.

Dr Peter King (MDS & FICD) presented a systematic approach to changing oral health behavior, examined in light of the special needs of carers.

Leanne Dole talked about her experience as the mother of Blake who is ten and Autistic and our program called Son-Rise which is a part of the Autism Treatment Centre of America.

Over dinner Dr Manish K Bhutada, the youngest author on the subject of Yoga, with a book titled “Yoga for Health” and who has a PhD in facial pain, gave a delightful talk about the benefits of complimentary medicine and oral health.

Dentists and dental therapists were excited about putting their hands together on 21st September.
Healthy Athletes Program

The Special Olympics Healthy Athletes Program provides screening in various health disciplines. We aim to help Special Olympics athletes improve their health and fitness, leading to enhanced sports experience and improved well-being.

The Special Olympics Healthy Athletes Initiative in Australia currently includes:

- Fit Feet (Podiatry),
- Healthy Hearing (Audiology),
- Opening Eyes® (Optometry) and
- Special Smiles® (Dentistry).

SPECIAL SMILES – VICTORIA WINTER GAMES

5th-7th OCTOBER 2007

A team of 10 dental volunteers (including dentists, dental therapists, dental hygienists, dental assistants and students) travelled to Ballarat, Victoria to take part in the Special Smiles Program.

The program aims to provide dental screening and oral health education for athletes. Each athlete is given a "dental report card" to take home, with an indication of treatment needs. Each athlete leaves with a "showbag" of oral hygiene aids and usually, a smile!
The XIV SIOH Congress has taken place during October 4-5-6, 2007, organized by Milan University. Many important personalities of the medical scientific world and dentists operating in the main national centers of special care dentistry were present also with many scientific reports regarding many aspects of oral health care for disabled people.

Prof. Laura Strohmenger, manager the Dental Clinic of Saint Paul Hospital in Milan, has coordinated the scientific committee while the organizing committee has been coordinated by Dr. Roberto Rozza, who is in charge to guide the Department of special care dentistry of the same dental clinic.

On Thursday October 4, a round-table discussion has been organized, during which SIOH has met the associations and the families of the disabled, to face the theme of health education and health care during the mental and physical development of disabled persons.

In the morning of Friday October 5, there was the official opening of the Congress in the “Great Hall” of Milan University. Important speakers of the Italian scientific dental world were present at the opening ceremony such as Prof. Laura Strohmenger, president of the scientific committee of the congress and Prof. Silvia Pizzi, SIOH president, Prof. Franco Santoro, president of Dental Science Degree of Milan University, Prof. Giampiero Farro nato, president of Dental Hygiene Degree of Milan University.

Besides, was present Prof. Antonino Salvato, manager of the Specialization School in Orthodontics of Milan University and he focused the attention on the importance of teaching the correct approach to disabled patients during dental treatments.
NEWS FROM ITALY

The first session of the scientific program has been open by Prof. Roberto Brusati, manager of the Department of Maxillofacial Surgery of Milan University, who has underlined the actual addresses and therapeutic guidelines in the treatment of cleft lip and cleft palate.

The scientific program of Friday afternoon continued with Prof. Luc Martens, president of the International Association for Disability and Oral Health (IADH), who has held a magisterial lesson on the ABC of Special Care Dentistry. Finally Prof. Martens has invited officially the auditorium to 19th iADH Congress that will take place in Brazil, October 28 to 31, 2008.

Then was the turn of Prof. Bruno Dallapiccola of Rome University, one of the most important Italian geneticist, with a lesson on genetic bases of the alteration of craniofacial development. During the congress was also discussed about “Disability and Sport”, in fact were present Dr. Costa and Dr. Corbascio of the mobile clinic that follows the World Bike Championship.

Then Prof. Elinor Bouvy-Berends, manageress of a center of special care dentistry in Rotterdam, has faced the interesting problem of the quantification of pain in children with serious cognitive disability in relationship to the management of the oral health care.

To these main lectures followed the communications of the SIOH members: about 80 oral communications and posters, which have underlined how special care dentistry is a clinical and scientific reality in Italy.

The abstracts of the scientific communications of the XIV SIOH Congress are available on the web-site www.sioh.it.

Next SIOH Congress will take place in Genova, 2009, with the organization of Dr. Enrico Calcagno of Gaslini Hospital.

SIOH Executive Committee
In September 2006, after many hours flying from Buenos Aires, Argentina, I arrived to Sydney, Australia. The purpose of my journey was visiting the Special Care Dentistry Unit (SCU) at Westmead Centre for Oral Health (WCOH). As a dental resident at Benito Quinquela Martin (BQM) Paediatric Dental Hospital, in Buenos Aires, this experience was part of my dental training program. Dr. Gabriela Scagnet, Head of Special Care Dentistry Department at BQM Hospital, in Buenos Aires – Argentina was the one who put me in contact with Dr. Leda Mugayar, Head of Special Care Dentistry Unit at WCOH, who received me at this department and introduced me the staff. The WCOH is a specialist oral health provider for the Sydney West Area and all New South Wales (NSW). It is also one of the two clinical schools for the Faculty of Dentistry of the University of Sydney. The Special Care Dentistry Unit is a specialist referral unit that manages the oral health of patients effected by disabilities. I have stayed there for three months. During this time I had the chance to observe different clinics: teenagers and young adults clinic, seniors clinic, medically compromised patients, and treatments under intravenous sedation and general anaesthesia.
At SCU, it is also held the Oromotor Function Therapy Clinic. It is a multidisciplinary clinic that provides consultation for babies and children with disabilities who have problems with saliva control. Paediatric dentist, a special care dentist and a speech pathologist are part of the team.

I also attended "Smiles for Life" seminars, that are organized every month: oral health education is provided to caregivers of people with special needs. Outside the hospital setting, I could join the dental team in external visits to different centers, including nursing homes and special schools.

I found out a multicultural society. The 16.1% of the NSW population was born overseas from non-English speaking countries. To improve health care of people from culturally and linguistically diverse backgrounds, a professional interpreting service is provided in more than 50 languages. They assist health professionals to communicate with non-English speaking people.

This exchange was a valuable experience for me. It was a way of enriching my professional life, immersing myself in another culture and meeting new friends on the other side of the world who work with enthusiasm and dedication to improve people’s well being.
Hypnotherapy

Hypnotherapy is the treatment of health conditions by hypnotism or by inducing prolonged sleep. Pioneers in this field, such as James Braid and James Esdaile discovered that hypnosis could be used to successfully anesthetize patients for surgeries. James Braid accidentally discovered that one of his patients began to enter a hypnotic state while staring at a fixed light as he waited for his eye examination to begin. Since mesmerism had fallen out of favor, Braid coined the term hypnotism, which is derived from the Greek word for sleep. Braid also used the techniques of monotony, rhythm, and imitation to assist in inducing a hypnotic state. As of 2000, these techniques are still in use.

Around 1900, there were very few preoperative anesthetic drugs available. Patients were naturally apprehensive when facing surgery. One out of four hundred patients would die, not from the surgical procedure, but from the anesthesia. Dr. Henry Munro was one of the first physicians to use hypnotherapy to alleviate patient fears about having surgery. He would get his patients into a hypnotic state and discuss their fears with them, telling them they would feel a lot better following surgery. Ether was the most common anesthetic at that time, and Dr. Munro found that he was able to perform surgery using only about 10% of the usual amount of ether.

Description

Origins

Hypnotherapy is thought to date back to the healing practices of ancient Greece and Egypt. Many religions such as Judaism, Christianity, Islam, and others have attributed trance-like behavior to spiritual or divine possession.

Austrian physician, Franz Mesmer (1734–1815), is credited with being the first person to scientifically investigate the idea of hypnotherapy, in 1779, to treat a variety of health conditions. Mesmer studied medicine at the University of Vienna and received his medical degree in 1766.
Mesmer is believed to have been the first doctor to understand the relationship of psychological trauma to illness. He induced a trance-like state, which became known as mesmerism, in his patients to successfully treat nervous disorders. These techniques became the foundation for modern day hypnotherapy.

Mesmer's original interest was in the effect of celestial bodies on human lives. He later became interested in the effects of magnetism, and found that magnets could have tremendous healing effects on the human body. Mesmer believed that the human body contained a magnetic fluid that promoted health and well being. It was thought that any blockage to the normal flow of this magnetic fluid would result in illness, and that the use of the mesmerism technique could restore the normal flow.

Mesmer performed his technique by passing his hands up and down the patient's body. The technique was supposed to transmit magnetic fluid from his hands to the bodies of his patients. During this time period, there was no clear delineation between health conditions that were physical or psychological in nature. Although Mesmer did not realize it at that time, his treatments were most effective for those conditions that were primarily psychosomatic.

Mesmer's technique appeared to be quite successful in the treatment of his patients, but he was the subject of scorn and ridicule from the medical profession. Because of all the controversy surrounding mesmerism, and because Mesmer's personality was quite eccentric, a commission was convened to investigate his techniques and procedures. A very distinguished panel of investigators included Benjamin Franklin, the French chemist Antoine-Laurent Lavoisier, and physician Jacques Guillotin. The commission acknowledged that patients did seem to obtain noticeable relief from their conditions, but the whole idea was dismissed as being medical quackery.

It took more than two hundred years for hypnotherapy to become incorporated into medical treatment. In 1955, the British Medical Association approved the use of hypnotherapy as a valid medical treatment, with the American Medical Association (AMA) giving its approval in 1958.

Hypnotherapy involves achieving a psychological state of awareness that is different from the ordinary state of consciousness. While in a hypnotic state, a variety of phenomena can occur. These phenomena include alterations in memory, heightened susceptibility to suggestion, paralysis, sweating, and blushing. All of these changes can be produced or removed in the hypnotic state. Many studies have shown that roughly 90% of the population is capable of being hypnotized.

This state of awareness can be achieved by relaxing the body, focusing on breathing, and shifting attention away from the external environment. In this state, the patient has a heightened receptivity to suggestion. The usual procedure for inducing a hypnotic trance in another person is by direct command repeated in a soothing, monotonous tone of voice.

Hope you can use it during your dental treatments...
Dubai can either refer to one of the seven emirates that constitute the United Arab Emirates (UAE) in the eastern Arabian Peninsula, or that emirate's main city, sometimes called "Dubai city" to distinguish it from the emirate. The modern emirate of Dubai was created with the formation of the United Arab Emirates in 1971. However, written accounts documenting the existence of the city have existed at least 150 years prior to the formation of the UAE. Dubai shares legal, political, military and economic functions with the other emirates within a federal framework, although each emirate has jurisdiction over some functions such as civic law enforcement and provision and upkeep of local facilities. Dubai has the largest population and is the second largest emirate by area, after Abu Dhabi.

Prior to Islam, the people in this region were idol worshippers, who worshipped Bajir (or Bajar). The Byzantine and Sassanian empires constituted the great powers of the period, with the Sassanians controlling much of the region. After the spread of Islam in the region, the Umayyad Caliph, of the eastern Islamic world, invaded south-east Arabia and drove out the Sassanians. Excavations undertaken by the Dubai Museum in the region of Al-Jumayra (Jumeirah) indicate the existence of several artifacts from the Umayyad period. The earliest recorded mention of Dubai is in 1095, in the "Book of Geography" by the Spanish-Arab geographer Abu Abdullah al-Bakri. The Venetian pearl merchant Gaspero Balbi visited the area in 1580 and mentioned Dubai (Dibei) for its pearling industry. Documented records of the town of Dubai exist only after 1799.

Dubai lies directly within the Arabian Desert. However, the topography of Dubai is significantly different from that of the southern portion of the UAE in that much of Dubai's landscape is highlighted by sandy desert patterns.

Dubai has been called the "shopping capital of the Middle East." The city draws large numbers of shopping tourists from countries within the region and from as far as Eastern Europe, Africa and the Indian Subcontinent. Dubai is known for its souk districts. Souk is the Arabic word for market or place where any kind of goods are brought or exchanged. Dubai's most atmospheric shopping is to be found in the souks, located on either side of the creek, where bargaining is part of the buzz. The Dubai Shopping festival is a month-long festival held during month of January each year. During the festival the entire emirate becomes one massive shopping mall. Additionally, the festival brings together music shows, art exhibitions, and folk dances.
Upcoming Events

Winter Conference - Friday 7th December 2007 - Chartered Accountants Hall London
Title: "Mental Health Issues and Oral Care"

If you have any specific questions regarding the above meetings please contact
Dr. Kathy Wilson kathy.wilson@sthct.nhs.uk

www.bsdh.org.uk

The 2007 Conference of Oral Care for People with Disabilities. 15-16/12/2007
Venue: Taipei Grand Hotel, Taipei Taiwan.

2008 FDI Annual World Dental Congress -
24-27 September 2008, Stockholm, Sweden
Stockholm International Fairs & Congress Center
www.fdiworldental.org

19TH CONGRESS OF THE IADH
Santos - Brazil - October 29th - 31st, 2008
www.iadh2008santos.dinoh.org

22nd Congress of the International Association of Paediatric Dentistry - 17-20 June, 2009
Munich, Germany.
www.iapd2009.org