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A Comprehensive Programme For Special Needs Children
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From the President

My dear friends,

In Gent-Belgium we are in the middle of summer…but this year, July was all rain around the clock. England had significant flooding in some parts of the country, whereas the south of Europe was confronted with huge forest-fires…So, many people were UNHAPPY the last couple of weeks. This exceptional weather was the complete opposite to that of our spring.

On the other hand the iADH board met in HONG KONG on June 12th in the Wharney Guang Dong Hotel and I am very HAPPY to let you know that we had a very intensive and constructive meeting. Our secretary Roland did a wonderful job in organising this executive meeting! A lot of items were discussed and will be followed up in time for the Council meeting in Santos Brazil. The most important matters were the following:

In future years iADH would offer ‘Honorary Life Membership’ to those people who have made a significant and substantial contribution in the field of Special Care Dentistry. The number of these awards would remain at 10. Prof Susumu Uehara received his award in Calgary in 2004 and Dr Rudolfo Castillo Morales received his in Goteborg last year.

The Memorandum of Understanding with FDI is finally signed and the first iADH symposium in the history of an FDI congress is scheduled for Thursday October 25th during the Dubai conference.

It became clear that a separate post for treasurer is needed. At present the constitution of the iADH has the post of Secretary/Treasurer and in order to split this post an amendment to the constitution will have to be agreed at the next General meeting in Brazil. The board is looking for nominations for this post and would welcome your suggestions.

Regarding the ‘mentoring group’ it was concluded that iADH has no direct role to play in mentoring, and in fact DINOH has taken on this function. iADH should support programmes linked to DINOH in the future.

Regarding the ‘developing countries group’ the board decided to approach some more people in order to accelerate activities.

Regarding the ‘website’, it was decided to remove the ‘membership’ part and that there would be open access for everyone. Actually it is possible for everybody to easily access the website via www.iadh.org. Some changes are still in progress.

The iADH magazine has been very warmly welcomed and up to now issues are coming in time. The board is grateful to Timucin Ari and Leda Mugayar for their efforts. Although there is some wish to produce a hard copy of the magazine as well, decision was made to continue in the present form. COUNCILLORS are ENcouraged to contribute!!!

DINOH is now well established but most board members found it difficult to negotiate the website. The board fully supports the project and DINOH is to become the e-learning platform of iADH. A workshop will be planned during the Brazil Congress to address any problems and queries members may have regarding DINOH.

The Brazil Congress is in full preparation. Gabriela Scagnet and Marcello Boccia were promoting the congress during the International Congress of Paediatric Dentistry which started the day after our meeting. (This is the reason why the IADH Board met in Hong Kong) Registration and call for abstracts will be possible via www.iadh2008santos.dinoh.org. Venue of the congress: SANTOS – S A O PA U L O – B R A Z I L www.mendesconventioncenter.com.br

A major development is under way to make the Journal of Disability and Oral Health the official journal of iADH (more of this at a later date).

Prof UEHARAs from Japan and Prof HUANG from Taiwan were welcomed to attend part of the executive board meeting. They came to ask for support in organising a meeting on SCD in TAIWAN (Taipei) in December this year. Special Care Dentistry is in its infancy in Taiwan and they welcome the expertise and experience of iADH in developing their services.

Dear friends, this is only a very brief summary of an eight hour meeting but I hope you can feel that iADH is going forwards! It is still over a year before we will meet again, but a lot of action points came out of the meeting and I am confident that many well prepared items will be presented to the council to decide upon! Any suggestions or remarks are always welcome. Together with all the other executive board members I am enthusiastic to take all these initiatives forward.

With kind regards
Luc Martens
President iADH
Hi EVERYONE!

Time just flies - and here we are, back again, with the new Summer/Winter edition of the Magazine!

Amongst snow, sunshine, mountains & beaches...skies and surfboards. .. we are all back together.

This magazine is not only about news - it's about OUR news! It's about US!

It's the way we can connect. It's the way we can get together. It's our meeting point!!

Always on time - but timeless!
It's where the South meets the North. It's when the Summer melts the Winter. It's how all the World becomes one Word - IADH!

Well... I think it's time to grab a drink - to warm you up or cool you down.

Sit down and relax... and take your time to read it through!

Lots of pages full of experiences, opinions, learning and tips - and much more than that plenty of people. People that live & learn Special Care. .. and Special Times!

So .. let's enjoy all that! I am sure you will!!

Oh .. just before I go ... two more things:

First: Timucin - once again you have done a terrific job putting all that together!! Congratulations and thank YOU!!

The second (and last) - I was doing some reading a few days ago and I found this beautiful poem from Howard Arnold Water (1906) that I'd like to take the opportunity to share with you...

I WOULD BE TRUE

I would be true for there are those who trust me
I would be pure for there are those who care
I would be strong for there is much to suffer
I would be brave for there is much to dare
I would be friend of all, the foe & the friendless
I would be giving - and forget the gift
I would be humble, for I know my weakness
I would look up & laugh & love & live!

Take care of yourselves!

Cheers,

Leda Mugayar
NEWS FROM IADH

The Executive Board meeting was held on 12th June 2007 in Hong Kong. All executive board members and Prof Susumu Uehara from Japan and Prof. Dr Shun-Te Huang from Taiwan discussed issues related with IADH.

NEWS FROM AUSTRALIA

For the first time, the Australian Society of Special Care in Dentistry is joining forces with the Dental Therapists Association of NSW to present a day of lectures with a symposia style discussion, in the Hunter Valley. Topics covered will include psychology of patient management, public health innovative models of care and multidisciplinary approaches, alternative therapies and train-the-trainer programs, making it a diverse and practical Special Care program. Westmead Centre for Oral Health, Special Care Unit had launched the DIACO dental chair with a ceremony by the participation of Steve Campbell on 19 July 2007.

NEWS FROM MALAYSIA

It gives me great pleasure to invite you to the Second International Conference on Oral Health, to be be held in Kuala Lumpur, Malaysia from 27th-28th August 2007. With the theme Special Care Dentistry: Broadening Horizon, Bridging Gaps, the conference aims at providing the participants with opportunities for advancing knowledge in various aspects of Special Care Dentistry. In an effort to raise awareness and commitment to the myriad's of challenges in providing optimum oral health care for special needs patients, it is hoped that the presence of invited speakers with wide experience in this field would provide a stimulating atmosphere for exchange of ideas and networking. The meeting will give an opportunity for dental, medical and allied health professionals to update knowledge on various aspects of oral health care for those with special needs, and to learn more of how multi-disciplinary teams can function effectively. We look forward to welcoming you to Kuala Lumpur in August 2007.

Halimah Awang

NEWS FROM TURKEY

The Turkish Association for Disability and Oral Health is proud to announce that the project; “Orofacial Rehabilitation Center for Special Needs Children” was accepted by the councils of two city municipals in Turkey. These centers are going to be the first examples in Turkey and we hope the number of these clinics will be more in the future. These centers are going to serve a multi-discipliner team approach both for orofacial and dental problems of special needs children. The members of our association will work voluntarily part time in these centers until a permanent dental team will be formed.
Year 1966 was the year when the former communist dictator Nicolae Ceausescu abrogated the low with respect abortion. This political restrictive measure resulted in a high increment of population as well as a high rate of child abandon. The requested number of five children per sexual active woman combined with the poor standard led to a “child phobia” among active women, most of them having been forced to make illegal abortion.

Most of these failed operations resulted in severe complications to the mothers, often followed by deadly ending or severe injuries to the unwanted surviving children. These survivors were also abandoned into orphanages. The poor educational level in the family planning field, extended after the revolution in 1989. It was surprisingly to asses that most of the woman had poor knowledge of the contraceptives and other measures of preventing unwanted pregnancies, most of them stating that the “only way to give up an unwanted pregnancy is to make an abortion”. Therefore medical personnel assisted to 1,000,000 abortions after one year of democracy and self determination!

Nevertheless, the situation has slightly change during 15 years of democracy, the number of children living in orphanages or state institutions decreasing significantly from 98,872 in 1997 to 30,069 in 1999, while the children living in the streets increasing due to augmentation of depravity among peri urban population. Total count of persons with disabilities in Romania, in March 2006 was: 460,698, 55,591 children and 405,106 adults, among them, 17,959 adults institutionalized most of them aged 25-39, and 354 children. Distribution on kind of handicap shows 90,400 people mentally disabled and 67,152 with somatic disability. People with associated handicap count about 25,000. The social protection of people with disabilities in Romania is run by ANPH and local administration. ANPH started the implementation of quality standardized services to the special needs population. However a general Analysis on 146 institutions from a total of 170, regarding the way they impact on institutions, shows that standardized services rated 55.27%. In 47, 3% cases they were not the highest priority of the managers.

It is well known the poor care giving within institutions during communist period, situation extended to the same personnel after the revolution in 1989. Some of the normal children abandoned into orphanages become habitual retarded due to the less care and poor interest of the personnel. The population in general has a poor oral hygiene, which explains the completely lack of oral hygiene of the abandoned children and nowadays young adults leaving in institutions. This is why we can found a similar caries index into the institutionalized children and scholar population of the same age, but a very severe oral health situation with respect the periodontal findings among the young adults, related to enormously amount of calculus, bleeding, pockets and other periodontal conditions.
Most of the edentulous patients are the result of the lack of treatment leading to periodontal complications or tooth extractions as a wide spread treatment of complicated untreated caries. What is definitely particular among these institutions is the lack of practice of the general anesthesia to the complex patients. Old-fashioned equipment as well as the lack of knowledge among personnel, regarding special needing patients’ dental treatments in also a general feature of the place.

In November 2005 after meeting the Turkish experience by participating to a mentoring program hold by TEAD, Turkish Association for Disability and Oral Health, together with other colleagues dentists, psychologists and pediatricians, I have established the Romanian Association of Oral Health and Disability, aimed to protect the medical rights of the patients with special needs, to create a proper environment for the mentoring the dentists concerned by this medical aspect and facilitating the contacts with the scientific and medical international environment with respect disability and dentistry, including the social disability. The Romanian Association for Oral Health and Disability also submitted to iADH as country member.

The vision of our organization refers to the ability to compile work within interdisciplinary teams within program frameworks. Therefore we planned to extend our abilities to the project management activities to enable us to cover the whole picture. We also have established contacts with the most important NGO which address to the persons with disabilities such as O N P H R, R o m a n i a n Association for people with H a n d i c a p, S w e d i s h Organization on Individual Relief, IM.

Working together, staff of the Department and Association, we run many programs, most of them address to deprived persons and their quality of life assessment. The most recent program referred to prisoners from Jilava, the largest prisons in Romania. We have met here deprived persons and persons with learning difficulties as well.

We have started to work with the special needing communities as the staff of the Oral Health and Behavioral Sciences Department of the Faculty of Dental Medicine, University of Medicine and Pharmacy, Carol Davila, Bucharest.

The department has two dental offices and one assistant nurse. The access to dental treatments for the people with special needs is firstly limited by the inappropriate conditions offered by the infrastructure, and secondly by the limited number of dentists willing to do this job. A special attention must be given to the caregivers either personnel in the institutions or parents and siblings who need a sustained program of increasing awareness towards Oral health.

Therefore, benefiting from the precious experience and advice of Swedish specialists we plan to establish two oral health centers for the disables, within two institutions in sector 2, equipped by the donation provided by the willingness of Professor Jörgen G. Norén from the Department of Pedodontics, Faculty of Odontology in Gothenburg

Further we plan to establish a Center of Oral Health for Disabilities run by the Romanian Association for Oral Health and Disability. We really hope to finish this job by the end of this summer and to be able to run together with Professor Norén further programs in the Centers at hand.
Background
The purpose of this statement is to update the recommendations by the American Heart Association (AHA) for the prevention of infective endocarditis that were last published in 1997.

Methods and Results
A writing group was appointed by the AHA for their expertise in prevention and treatment of infective endocarditis, with liaison members representing the American Dental Association, the Infectious Diseases Society of America, and the American Academy of Pediatrics. The writing group reviewed input from national and international experts on infective endocarditis. The recommendations in this document reflect analyses of relevant literature regarding procedure related bacteremia and infective endocarditis, in vitro susceptibility data of the most common microorganisms that cause infective endocarditis, results of prophylactic studies in animal models of experimental endocarditis, and retrospective and prospective studies of prevention of infective endocarditis. MEDLINE database searches from 1950 to 2006 were done for English language papers using the following search terms: endocarditis, infective endocarditis, prophylaxis, prevention, antibiotic, antimicrobial, pathogens, organisms, dental, gastrointestinal, genitourinary, streptococcus, enterococcus, staphylococcus, respiratory, dental surgery, pathogenesis, vaccine, immunization, and bacteremia. The reference lists of the identified papers were also searched. We also searched the AHA online library. The American College of Cardiology/AHA classification of recommendations and levels of evidence for practice guidelines were used. The paper was subsequently reviewed by outside experts not affiliated with the writing group and by the AHA Science Advisory and Coordinating Committee.

Conclusions
The major changes in the updated recommendations include the following: (1) The Committee concluded that only an extremely small number of cases of infective endocarditis might be prevented by antibiotic prophylaxis for dental procedures even if such prophylactic therapy were 100% effective. (2) Infective endocarditis prophylaxis for dental procedures should be recommended only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from infective endocarditis. (3) For patients with these underlying cardiac conditions, prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa. (4) Prophylaxis is not recommended based solely on an increased life time risk of acquisition of infective endocarditis. (5) Administration of antibiotics solely to prevent endocarditis is not recommended for patients who undergo a genitourinary or gastrointestinal tract procedure. These changes are intended to define more clearly when infective endocarditis prophylaxis is or is not recommended and to provide more uniform and consistent global recommendations.

(Circulation.2007;115:&NA;)
Regimens Recommended

Regimens for Dental Procedures

Previous AHA guidelines on prophylaxis listed a substantial number of dental procedures and events for which antibiotic prophylaxis was recommended and those procedures for which prophylaxis was not recommended. On the basis of a critical review of the published data, it is clear that transient viridans group streptococcal bacteremia may result from any dental procedure that involves manipulation of the gingival or periapical region of teeth or perforation of the oral mucosa. It cannot be assumed that manipulation of a healthy appearing mouth or a minimally invasive dental procedure reduces the likelihood of a bacteremia. Therefore, antibiotic prophylaxis is recommended for patients with the conditions listed in Table 3 who undergo any dental procedure that involves the gingival tissues or periapical region of a tooth and for those procedures that perforate the oral mucosa (Table 4). Although IE prophylaxis may be reasonable for these patients, its effectiveness is unknown (Class IIb, LOE C). This includes procedures such as biopsies, suture removal, and placement of orthodontic bands, but it does not include routine anesthetic injections through noninfected tissue, the taking of dental radiographs, placement of removable prosthetic or orthodontic appliances, placement of orthodontic brackets, or adjustment of orthodontic appliances. Finally, there are other events that are not dental procedures and for which prophylaxis is not recommended, such as shedding of deciduous teeth and trauma to the lips and oral mucosa. In this limited patient population, prophylactic antimicrobial therapy should be directed against viridans group streptococci.

Accordingly, the resistance rates of viridans group streptococci are similarly high in otherwise healthy individuals and in patients with serious underlying diseases. The impact of viridans group streptococcal resistance on antibiotic prevention of IE is unknown. If resistance in vitro is predictive of lack of clinical efficacy, the high resistance rates of viridans group streptococci provide additional support for the assertion that prophylactic therapy for a dental procedure is of little, if any, value. It is impractical to recommend prophylaxis with only those antibiotics, such as vancomycin or a fluoroquinolone, that are highly active in vitro against viridans group streptococci. There is no evidence that such therapy is effective for prophylaxis of IE, and their use might result in the development of resistance of viridans group streptococci and other microorganisms to these and other antibiotics. In Table 5, amoxicillin is the preferred choice for oral therapy because it is well absorbed in the GI tract and provides high and sustained serum concentrations. For individuals who are allergic to penicillins or amoxicillin, the use of cephalexin or another first generation oral cephalosporin, clindamycin, azithromycin, or clarithromycin is recommended. Even though cephalexin was less active against viridans group streptococci than other first generation oral cephalosporins in 1 study, cephalexin is included in Table 5. No data show superiority of 1 oral cephalosporin over another for prevention of IE, and generic cephalexin is widely available and relatively inexpensive. Because of possible cross-reactions, a cephalosporin should not be administered to patients with a history of anaphylaxis, angioedema, or urticaria after treatment with any form of penicillin, including ampicillin or amoxicillin. Patients who are unable to tolerate an oral antibiotic may be treated with ampicillin, ceftriaxone, or cefazolin administered intramuscularly or intravenously. For ampicillin-allergic patients who are unable to tolerate an oral agent, therapy is recommended with parenteral cefazolin, ceftriaxone, or clindamycin.

| TABLE 3. Cardiac Conditions Associated With the Highest Risk of Adverse Outcome From Endocarditis For Which Prophylaxis With Dental Procedures Is Recommended |
| Prosthetic cardiac valve |
| Previous IE |
| Congenital heart disease (CHD)* |
| Unrepaired cyanotic CHD, including palliative shunts and conduits |
| Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure† |
| Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization) |
| Cardiac transplantation recipients who develop cardiac valvulopathy |
| *Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD. |
| †Prophylaxis is recommended because endothelialization of prosthetic material occurs within 6 months after the procedure. |

| TABLE 4. Dental Procedures for Which Endocarditis Prophylaxis Is Recommended for Patients in Table 3 |
| All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa* |
| *The following procedures and events do not need prophylaxis: routine anesthetic injections through noninfected tissue, taking dental radiographs, placement of removable prosthetic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of deciduous teeth, and bleeding from trauma to the lips or oral mucosa. |
TABLE 5. Regimens for a Dental Procedure

<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 g</td>
<td>50 mg/kg</td>
</tr>
<tr>
<td>Unable to take oral medication</td>
<td>Ampicillin OR</td>
<td>2 g IM or IV</td>
<td>50 mg/kg IM or IV</td>
</tr>
<tr>
<td>OR Cefazolin or ceftriaxone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin—oral</td>
<td>Cephalexin† OR</td>
<td>2 g</td>
<td>50 mg/kg</td>
</tr>
<tr>
<td>OR Clindamycin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Azithromycin or clarithromycin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin and unable to take oral medication</td>
<td>Cefazolin or ceftriaxone† OR</td>
<td>1 g IM or IV</td>
<td>50 mg/kg IM or IV</td>
</tr>
<tr>
<td>OR Clindamycin</td>
<td></td>
<td>600 mg</td>
<td>20 mg/kg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>500 mg</td>
<td>15 mg/kg</td>
</tr>
</tbody>
</table>

IM indicates intramuscular; IV, intravenous.
†Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage.

TABLE 6. Summary of Major Changes in Updated Document

We concluded that bacteremia resulting from daily activities is much more likely to cause IE than bacteremia associated with a dental procedure.

We concluded that only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even if prophylaxis is 100% effective.

Antibiotic prophylaxis is not recommended based solely on an increased lifetime risk of acquisition of IE.

Limit recommendations for IE prophylaxis only to those conditions listed in Table 3.

Antibiotic prophylaxis is no longer recommended for any other form of CHD, except for the conditions listed in Table 3.

Antibiotic prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissues or periapical region of teeth or perforation of oral mucosa only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE (Table 3).

Antibiotic prophylaxis is recommended for procedures on respiratory tract or infected skin, skin structures, or musculoskeletal tissue only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE (Table 3).

Antibiotic prophylaxis solely to prevent IE is not recommended for GU or GI tract procedures.

The writing group reaffirms the procedures noted in the 1997 prophylaxis guidelines for which endocarditis prophylaxis is not recommended and extends this to other common procedures, including ear and body piercing, tattooing, and vaginal delivery and hysterectomy.
Yoga for the Special Child

Yoga for the Special Child is a comprehensive program of yoga techniques developed by Sonia Sumar designed to enhance the natural development of children with specific requirements.

Children with a variety of conditions including Down's Syndrome, cerebral palsy, epilepsy, autism, ADD, ADHD, spina bifida, dyspraxia, and other physical and developmental difficulties can benefit from this programme.

The essence behind this programme is that every child is special, and no label can define or limit their potential for positive change. The aim of this work is to unlock the potential of the children regardless of his or her age or ability. A step by step integrated system of yoga poses that are designed to improve cognitive and motor skills, specialized breathing exercises and relaxation techniques to improve concentration and reduce hyperactivity.

Each child is assessed individually and a programme is created for them.

In this programme the hatha yoga is used and divide the practice into 5 sections: asanas or body postures, pranayama or breathing exercises, cleansing practices, music and sound therapy, and deep relaxation.

The asanas or postures tone specific muscle and nerve groups, benefit organs, and endocrine glands and activate brain cells. The complete set of asanas cover the entire human body from the top of the head to the tips of the toes. Regular practice helps to correct postural and systemic irregularities, and maintains the entire physiology in peak condition. Encouraging an inward attention of the breath and move through the postures which focus the mind encouraging deep relaxation.

Special thanks to “The Special Yoga Center”
Pranayama is the science of proper breathing. Breath is the main source of nourishment for all the cells of the body. Each child is encouraged to deepen their breath with deep abdominal breathing using specific pranayama practices which increase the flow of vital energy to various organs in the body, helping to build a strong immune system. These breathing exercises can also help to remove emotional blocks and negative habit patterns that obstruct the flow of vital energy through the body. The way we breathe also has a profound effect on the nervous system. By regulating the breath and increasing oxygenation to the brain cells, we help to strengthen and revitalize both the voluntary and autonomic nervous systems. Cleansing practices include a pranayama practice for eliminating excess phlegm and mucus from the respiratory system; eye exercises; and a special technique for isolating and rolling abdominal muscles giving a powerful self massage to the organs of the abdomen improving digestion and relieving constipation.

Music and sound therapy use rhythm and melody combined with hand movements and sound combinations to develop concentration, breath coordination, communication and motor skills.

Studies have shown that the repetition of certain sound patterns can produce a calming and healing effect on the nervous system and psyche. Deep relaxation is traditionally the conclusion and culmination of every yoga session. The period of relaxation allows the body to absorb all the benefits of the asanas, pranayama and cleansing practices. The use of soft music and where possible, gentle massage to the feet, hands, and neck to help induce relaxation.

An other technique is; visualization and meditation techniques to help the child direct their minds to release points of tension and blockage in their bodies. Regular practice of deep relaxation helps to release tension and prevent the build up of stress improving our general level of health and allowing our daily lives to become more serene and harmonious.
If you are traveling to Romania for the first time, you must give up any kind of preconception and prepare yourself for surprises, discovering wonders you will never have anticipated. Romania might be considered the paradise of Balkans but it would not be a fair to other Balkan countries. Romania is the place where the Danubius, or Danube, the sacred river of ancient times finishes its journey, emptying into the Black sea after traversing 1,075 kilometers of Romanian territory. The Roman legions once crossed the Danube on their way to Dacia, the realm of the ‘immortal’ Getes, or Dacians- the ancestors of the modern Romanians-who worshipped Zalmoxis. Few people know that the Dacian origins placese Romanian people among the continuators of the Tracian civilization extended upon the both sides of the Danubius.

After the Romans defeated the Dacians, the south of this territory became Roman province, named Dacia Felix (Fruitful Dacia). The ethnic mix of Dacians and Romans provided the basis for the emergence of the Romanian people, which has been called” an island of Latinity in a Slavic Sea”. It is to be wondered just how it was possible to a Latin origin language such as Italian, Spanish, French or Portuguese; to flourish in a part of Europe that has been reckoned the domain of Slavic languages par excellence.

Any journey through these regions will reveal to you continually different facets of Romania, almost as if its metamorphoses were inexhaustible. A Romania with perfume of Levant: a Romania preserving the refined memory of Little Paris époque, a religious Romania of Orthodox Churches and unique Monasteries, a sub- Mediterranean Romania of Carpathian mountain peaks are just some of the facets of this fabulous place waiting to reveal themselves to the daring traveler. Although its surface area does not exceed 240,000 square kilometers, Romania can boast almost every form of geographic relief: mountains, sea, delta, lakes, hills, valleys with wondering waterways, caves, ravines, cataracts.

The imagination of nature seems to have been restless in these places. On the mountains that criss-cross the Romanian Carpathians there are historical resorts on the Prahova Valley such as Sinaia the former summer residence of the Romanian Royal family, Busteni, Azuga or Predeal. At all winters these places are cloaked in dazzling white and the excellently equipped ski slopes bustle with activity at over 1500 meters altitude. The Carpathians have been likened to a castle of waters for these are the origins of hundreds rivers and streams falling down the rich planes. Carpathians are places of legend as well, places where the epical poems join history. It is difficult to say for instance which of them is more attractive to the tourist, the legend of Dracula, enriched by Bram Stokers’ novel based on the Transilvanian middle age legends or the original heroically character.
heroically character Prince Vlad Dracula from the Basarab Dynasty, defender of the historic country of Muntenia. Another attraction in Romania is the Danube Delta, the largest wetland reservation in Europe with over 2500 square kilometers, a vast domain of creeping plants, such as lians and wild vines to burgeon everywhere. Life pulsates here allover the place, the air hums to the flight of birds: pelicans, swans, egrets and white-tailed eagles, beneath the waters darting fishes: sturgeon, starlet, perch, pike carp and crucian. This exotic delta, between the river arms of Chilia, Sulina, and Sfatu Gheorghe, in which have been identified more than 1,200 species of plants and trees, 300 species of bird, and 100 species of fish, has been declared a UNESCO Biosphere Reserve.

Romania has the rare privilege of having an opening onto Black Sea, of approximately two hundred forty kilometers. Along the Southern Romanian Coast, which stretches from Midia Cape to Vama Veche, we can encounter both wild rocky shores and exotic beaches. In summer, the resorts of Mamaia, Eforie Nord, Olimp, Costinesti, Neptun, Jupeiter, Venus. Constanta, the main harbor in Romania is a wealthy city built on the Greek colony of Tomis from the seventh century B.C., owes its

remarkable development to King Carol I, during whose reign the maritime port was modernized by engeneer Anghel Saligny. In its period many hotels were built along with the impressive Casino.

Romania is the depository of some genuine traditions related to its religious life (greek orthodox ) to bring flavors to every holidays here from Easter to the Christmas. But if one wants to taste the true scent of this Country, has to visit the Norntern Moldavian Monasteries which are religious active monuments and proofs of a glorious past as well.

In terms of laic Culture, Romania and her specificities gave to the world great revolutionary artists, to mention some of them: George Enescu, Brancusi and his revolutionary art of sculpture, Eugene Ionescu, Tristan Tzara.

Nowadays Romania is a transitional Country, striving to recover 50 years of communism, artificial mentalities and isolation. The everyday life of young people in Romania does not seem much different from that of their western fellows. They have the same musical tastes, a splendid appetite for fashion, and are up to date to the latest technologies. Beyond the hesitations that accompany adoption of the norms for harmonizing process imposed by the EU, the traveler can discover in Romania a land that has always been conscious of its European identity and is endowed with a culture undeniably rooted in European values.
Upcoming Events

“Putting our Hands together” Australian Society of Special Care in Dentistry, Dental Therapists Association of NSW, 21 September 2007
Venue: Crowne Plaza, Hunter Valley, Newcastle NSW, Australia
Leda.Mugayar@wsahs.nsw.gov.au

Venue: Balai Ungku Aziz, Faculty of Dentistry, University Malaya, Kuala Lumpur

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

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
wwwbsdh.org.uk

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

We are still waiting for your nice photos and your comments for the magazine. This magazine and especially this section is ours. Your input is always welcome...

Dear Dr. Timucin Ari

Prior to express my appreciation for sending me the manuscript of Spring edition for 2007, I must introduce myself to you since I have never seen you before.

I was ex president of IADH from Bergen to Philadelphia congress. Being chairman of the department of Dentistry for the Handicapped at Nihon Univ. School of Dentistry at Matsudo before retirement. My first exposure was at Columbia University where the pediatric dentistry department run the course for treating cerebral palsy patient. I had an opportunity of having a mentor both S.N.Rosenstein, and learned quite a lot from Dr. M..M.. Album, Prof Kissling, Dr. SN. Swallow.......I have been involved with IADH since 1971.

Wish you can figure out how am I looks like.

So many years have passed since IADH started to talk about the possibility of having journal. After trying many ways for the possibility which never comes out true, but now it is. Thanks for the Internet age, and also thanks for people working to make this in reality. The Journal comes in much more in stylish.

You did great job...I think.

Wish it grows much more, and work out to pour the information to new comers widen the opportunity of making communication among the IADH family

Thanks again

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