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It’s with deep regret to inform you that Jane Chalmers passed away.
Happy New Year everyone!!

Well, here we are again … this time talking to you as I try to write something nice as my first letter as President. Hard task!

I could really make it simple and straight by telling you about my plans and my goals as President … I could tell you about the strategic plans to improve IADH as an International association, maybe point out some financial matters: how the money and finances would be managed or reinforce the mission of the Association and therefore our mission as members, etc etc.

But to be honest I don’t want to talk about none of those things – they are good to be done, they should be done but I find them quite boring to talk about … it would be transforming this letter into a report and I didn’t feel like doing it … definitely not! I still feel like to write a letter! Something nice…

We don’t write letters anymore … we write messages. We text messages, we email messages, we leave messages but we don’t write letters, don’t send letters anymore … therefore we don’t get letters in the mail. I am talking about LETTERS … love letters, friend letters, news letters, whatever letters!!

We are missing a lot of good fun! Remember?? Nice papers … nice pens … nice envelopes … nice writing … going to the post office … wait for the postman … I miss that … But I do have a friend that we still send letters – REAL letters – to each other! Old fashioned? Maybe … but so nicely old fashioned! I love reading them – you know the person handled it, wrote it, sealed the envelop … there’s an energy there, there’s always a bit of the person coming in that letter. Oh well … too romantic, maybe …

No! I am not thinking about posting a ‘letter’ to each one of you – but just for a moment stop and think how much nicer it’d be!! A letter just for you!! However, what I’d like to do is from this end of my computer I’d like to write something that makes each one of you feel how special you are – not only as a member of IADH but as someone that is sitting somewhere and everywhere around this World trying to make a difference!

Don’t you think you deserve a special letter?? A letter that tells you how much your presence is appreciated, how important your work is, how much you are able to change other people’s lives everyday when you wake up and try simply to do your job!!

Oh yeah!! You deserve a letter, a very special letter of recommendation, of gratitude, of recognition. And that is the letter I’d like to write to each one of you … thanking you for being there, wherever you are in this World being connected to the other end of my computer.

I’d like to send you a letter in which we could shake hands, hold hands, put our hands together – a letter that could make our ends truly meet.

A letter that could makes us dance together again as we did a while ago in Brazil—all of us in the same rhythm, following the same music.

A letter that could always remind all of us how strong we can be as ‘US’—as a group, as a team—associated, united, unified.

A letter that could makes us stronger and strong enough to never give up.

A letter that could remind us the fantastic words of Oriah Mountain DREAMER in the book called ‘The Invitation”: “I want to know if you can be with joy, mine or your own, if you can dance with wildness and let the ecstasy fill you to the tip of your fingers and toes without cautioning us to be careful, to be realistic, to remember the limitations of being human”

Welcome to 2009!!! Welcome to the IADH!!

I wish you a wonderful New Year replenish of very special letters!!

Warm regards,

Leda Mugayar
Dear All,

Every year before midnight, all eyes from around the world are turned to the clocks on the wall that will strike 12 bringing in the New Year.

I am writing to you at the beginning of a New Year, a time when it is useful to reflect on the past, as well as look forward to the future. Unfortunately, the last days of 2008 and the first days of 2009 didn't bring us so much happiness. The newspapers and TV news are full of global financial crisis and the drama in the Middle East. Remember last year, the biggest problem was 'global warming' and we all thought that the seasons were changing. Thank God that, this year we are having really cold days with snow; it looks like a 'real winter'. I hope in 2009 the financial crisis will end and peace will finally come to all around the world.

This issue of the IADH magazine is really important to me. As you all know, the executive board of the IADH has changed in Santos. I have been working as the co-editor of the IADH magazine with Leda Mugayar for the past 2 years. Now Leda is the president of IADH and the board re-assigned to me the post of Editor of the IADH magazine for 2 more years. This is going to be really hard for me because I've learned so much from Leda and before I sent the magazine to you my eyes were always looking for her nice encouraging e-mails. I hope I will continue to receive these e-mails and move the baton a little bit forward. I would also like to thank our past president Luc Martens, because he was the one who trusted me so much and proposed me for the editorial post. And my special thanks to Roland Blankenstein for his help with the English editorial. Dear all, I have the honor and privilege of being the editor of this magazine and hope we will have excellent 2 more years.

Anyway, I know that in every issue, with your contribution and input, I'll never feel alone. I especially want to thank Shelagh Thompson, Joseph Shapira and Yehudit Rudoph for their contribution to this issue. And my special thanks to Gabriela Scagnet for sending me lots of congress photos.

Most of us were at the 19th Congress of IADH, Santos Brazil. We had an excellent time in Brazil with unforgettable memories. I would like to thank everyone in the organizing committee from this page, we really enjoyed it so much...

The new year, new executive board and of course new magazine. I've changed the layout and the format of the magazine, I hope you'll like it. As editor, I want this to be your magazine, your voice. So please write whatever you want to me. My e-mail address is; timucin@confi-dent.net.

I wish you a healthy and prosperous new year.

Timucin Ari

New Executive Board:
President: Leda Mugayar
President Elect: Gabriela Scagnet
Past President: Luc Martens
Treasurer: Burt Nussbaum
Secretary: Roland Blankenstein
Members-at-large: Jun-ichi Mega, Timucin Ari
NEWS FROM JAPAN (December, 2008)

Director of International Affairs of JSDH
Junichi Mega, D.D.S., Ph.D.


General reminders for this meeting:
1. The dates of the meeting were Oct. 9-11, 2008.
2. The venue was “Kyurian”, which is a convention hall administrated by Shinagawa-ku, Tokyo.

Scientific and clinical presentation: 322 presentations
1. 59 oral presentations
2. 263 poster presentations

This annual meeting was organized by the Department of Hygiene and Oral Health, the Showa University School of Dentistry, while JSDH had supported this meeting organizer by planning 4 programs for the refreshing course such as “The Management of Autism for Dental Treatment” and so on. Key note lecture “Dysphagia Rehabilitation and the Teamwork” by Dr Eichi Sitoh, one special lecture, one educational lecture, four refreshing courses, three symposia including the international symposium with the Pacific Rim countries (Dr Young J Kim from Korea, Dr Shun-Te Huang from Taiwan, Dr Emma Jay from Australia, and Dr Mahrusah Jamaludin from Malaysia) were held in this meeting. For remarkable event, Dr Leda Mugayar, IADH President, addressed at an invited lecture entitled “The Dental Hospital – The Public System & Special Care in Dentistry: Can They Rock & Roll??? ”.

Furthermore, one extension lecture, one report on the commissioned research, three luncheon seminars, and the exhibition by the dental companies and the associates were conducted. 2,028 people (1,725 members and 303 nonmembers) participated in this meeting. Those people could get a new information and scientific evidence by many clinical and basic researches presented in this meeting. It is important to note that the 25th JSDH annual meeting in Tokyo provided information vital to many persons concerned to the oral health of special needs patients. The 26th JSDH Annual Meeting will be held October 30 to November 1, 2009 in Nagoya.

International Poster Session with Korean Association of Disability and Oral Health (KADH) in the 25th JSDH Annual Meeting: Dr Setsue Banba Greenan (iADH Councilor) and Dr Junichi Mega (iADH Executive) chaired this session. Dr Keung-Ho Lee (the President KADH), Dr Ichijiro Morisaki (JSDH President), Dr Yoshiharu Mukai (Chairman of this Meeting) and excellent members of KADH and JSDH made an animated discussion.

Other Information
In 2009, the qualifying system for the JSDH-certified Dental Hygienist will be started to reinforce the Special Needs Dentistry in Japan. Further information is late on.
The State of Israel, the Holy Land, is the cradle of the three monotheistic religions with a history that goes back thousands of years. Yet in addition, it has many unique attractions to offer the discerning tourist.

Though small in territory, its landscape and climate are varied with a wealth of plants and wildlife and many natural attractions. Israel’s geographical borders are the Mediterranean to the West, the Jordan Valley Rift to the East, and the mountains of Lebanon to the North with Eilat Bay marking the country's southern tip. The climate in the northern mountainous regions is Mediterranean and rainy, while the southern sections are a desert.

Israel’s seven million inhabitants make up a fascinating array of cultures, beliefs, traditions and languages, with Jewish immigrants from everywhere on the globe, Moslem and Christian Arabs, and many more. The most prominent characteristic of Israel's population is its high diversity. Besides the main division of the country's inhabitants into Jews (80%) and Arabs (20%), there are many more subdivisions. The Jews, for example, are divided into religious and secular, while the latter include various immigrant communities who preserve their culture. Likewise, the Arabs are divided into Moslems, Christians and Druze. Alongside these groups, Israel has additional small ethnic religious groups such as the Circassians and the Samaritans, and small Christian communities from Europe.

The official languages are Hebrew and Arabic. Hebrew is spoken by six million people. Next is Arabic, which is spoken by over a million people. Since Israel is a land of immigration, additional languages are spoken among the various immigrant communities, the major languages being Russian, Jewish-Arabic and Yiddish. Most Israelis speak English, and most of the signposts are also in English.

Israel is a land of bright sunshine, and the amounts of light and radiation are among the highest in the world. This ensures a good suntan, but requires appropriate protection. The hottest months of the dry season are July and August. During September-November and April-June, temperatures are comfortable and there is little rainfall, making for ideal beach going weather and pleasant hiking in the desert regions. Visitors to Israel in the summer should bring light clothing and bathing suits. Winter visitors should have warm clothes and umbrellas. Israel's winter is fairly comfortable and hiking outdoors is a pleasant option. In an unusually wet week, the southern port city of Eilat always offers refuge from the rain.

Jerusalem, the capital of Israel is situated in the middle of the country in a hilly terrain surrounded by the Judean Hills. Other of Israel's major cities, Tel Aviv and Haifa populate the coastal plain of the country. Israel's largest river is the 250-kilometer Jordan River which travel through lovely landscape and attract many tourists. The Jordan Valley includes Israel's two lakes: the Kinneret (Sea of Galilee), the largest body of fresh water in Israel, and the salt water Dead Sea, the lowest point on earth. The Kinneret is a popular swimming site and also the location of many of Christianity's holy sites. The Dead Sea, is one of the world's saltiest bodies of water, and attracts many nature lovers as well as tourists interested in the waters' curative powers.

Due to its location at a climatic and geographical crossroads, Israel offers a surprising wealth of plant life. Israel boasts many kinds of flora, including many endemic varieties found only here. The largest concentration of plant life can be found in the Mediterranean region. In the desert regions, plant life is sparse, with a few enclaves of subtropical species such as at Ein Gedi and in the Jordan Valley. The semi-arid region has both desert and Mediterranean plant life.

Israel provides a habitat for rich wildlife, including animals originating in various zoogeographical regions that surround the country. Animals that originate in the cooler European region are found alongside mammals originating in desert regions of Arabia and Egypt. Several Israeli mammals are easily spotted including deer, ibex, hyrax and jackals.

At Israel's southern tip, on the coast of the Red Sea, there is a rich world of marine life, including tropical fish and colorful coral. Many can be observed at Eilat's Underwater Observatory and Marine Museum, or by scuba diving in the area.

Please join us!

Yehudit Rudolph
The issue of dental treatment and oral health for patients with special needs is very close to my heart since my 2-year specialty program at the Children's Hospital in Philadelphia (CHOP) USA, under the supervision of Dr. Manny Album, from whom I've received the basis to my approach in the area of dental treatment for people with disabilities.

It was my pleasure and honor to be invited to present a lecture at the Pre-Congress section of the Scientific Committee of the 19th International Congress of the International Association for Disability and Oral Health (IADH) Congress that was held in Santos, Brazil on October 2008. It was my decision to dedicate this lecture to my first and dominant teacher, Dr. Manny Album.

The theme of my presentation was "A comprehensive multidisciplinary team approach for dental treatment of children with special needs", where I described years of clinical practice and treatment given by my colleagues and myself to children and adolescence with developmental disabilities and special needs, in the Department of Pediatric Dentistry of the Hebrew University-Hadassah School of Dental Medicine in Jerusalem, Israel.

This presentation with over 14 movies, gave theoretical background and showed live clinical practices on how as a team of dentists; Pediatric-Orthodontic-Endodontic-Prosthodontic and Oral Surgeon, all deal with the difficulties in managing patients with disabilities.

The presentation includes also a variety of behavior management techniques that we use in addition to the different behavior management techniques: conscious sedation, deep sedation and GA.

I would like to share with you a simple and trivial technique that we sometimes use in dealing with stubborn and antagonistic patients. Some that we even have difficulty in convincing them to enter our clinic for a routine check up.

Ruth is a 29 year old young lady patient with severe CP, who is very apprehensive, aggressive, spastic and antagonistic. She came into our clinic for a routine follow up examination. We advised her father that we were going to administer a few drops of Midazolam in his daughter's nose to reduce anxiety, achieve a calming submissive effect as well as a motionless state that will allow us to easily get her into the operatory. After getting the father's permission we prepared a dose of 0.2 mg/kg of midazolam (Versed®) in a syringe without a needle. While the patient was still in her wheelchair with her father's help we reclined the chair and slowly administered the midazolam nasal drops in alternating nostrils. After 5 minutes the patient was calm and relaxed and we were able to take her into the treatment room.

Midazolam is the only sedative medication that can be administered intranasal. We found it to be a better choice than the painful IV sedation or IM Ketamin, for short non-invasive procedures such as a routine check-up.

Midazolam is rapidly and efficiently absorbed from the mucous of the nose, bypassing the first-pass hepatic metabolism, and quickly reaching the benzodiazepine receptors in the brain. It has a very short half-life of approximately one hour, and its effects last only as long as the treatment. It has a very wide safety margin and very few side effects.

Dr. Joseph Shapira is a Professor and Chairman of the Department of Pediatric Dentistry, Hebrew University-Hadassah Faculty of Dental Medicine, Jerusalem, Israel. Graduating in Jerusalem in 1974, he spent 1977-1979 specializing in Pediatric Dentistry in The Children's Hospital of Philadelphia, University of Pennsylvania, USA. Prof. Shapira has published more than 80 articles in refereed International Journals, and lectured around the world on dentistry for special needs and high risk medically compromised patients (status, treatment and prevention of dental diseases), as well as the use of sedative agents regarding management of anxiety and behavior control in pediatric dental patients.

* I was notified on October 29th, 2008 that unfortunately Dr. Manny Album passed away.
Diaco Dental Chair

Diaco was formed in 2004 with the specific task of developing a solution to the difficulties faced by the clinical team when presented with a patient in a wheelchair. With venture capital from OFC Holdings, a specialist engineering and design team has created an ergonomically diaco™ dental chair that was launched by Diaco Limited at the beginning of 2005.

After combining 24 months of development, dozens of prototypes and a large advisory group comprising wheelchair users and dentists the result is the diaco™ dental chair - delivering a safer, more comfortable experience for the wheelchair patient and special care dental team.

A new idea

Diaco was born out of necessity. After what should have been a routine visit for an upper extraction, a wheelchair patient suffered complications putting both the clinical team and the patient at risk of injury.

After meeting with the dental team to discuss these complications it was clear that there was no viable commercial solution to help either the patient or clinical team. Moreover, there was a reliance on the clinical team to put themselves at risk to treat the patient.

From this incident we formed Diaco, to develop a solution in partnership with special care dental teams and wheelchair patients that enabled the safe treatment of wheelchair patients whilst having the clinical team at a safe and comfortable working position.

Benefits

- The diaco™ dental chair will accept all mass manufactured electric and manual wheelchairs allowing access for all types of disabilities regardless of weight or size
- Eliminates all manual handling, lifting and hoisting of patients making a safer environment for the clinical team and a more dignified experience for the wheelchair patient
- Allows the patient to remain in the safety and comfort of their own wheelchair with no requirement for assistance
- Allows the correct working position ensuring that the patient is able to receive the best possible oral care
- No works to surgery required, can simply be wheeled away when not being used
- Reduces clinical risk and lessens patient trauma
- Safe, simple and easy to use
After the Congress
Upcoming Events

- Welcome to the 20th IADH congress at Medieval Manhattan - Ghent, Belgium
- FDI Annual World Dental Congress 2-5 September
- 21st Annual Meeting on Special Care Dentistry April 17-19, 2009 Hilton Baltimore Hotel Baltimore, Maryland
- 22nd IAPD International Congress 16-20 June 2009 Munich, Germany
- 6th Interim Seminar and Workshop “Developmental defects of the enamel - Comprehensive clinical approach” Helsinki, Finland, May 14-16 2009
- 62nd AAPD Annual Session May 21-25, 2009 Hawaii Convention Center Honolulu, Hawaii
It is with great pleasure that the IADH was able to award both Professor June Nunn and Dr Kari Storhaug with ‘Honorary Life Membership’ of the IADH at the Congress in Santos Brazil.

June Nunn is Professor of Special Care Dentistry and Pro-Dean, School of Dental Science, Trinity College, Dublin, Ireland. June has worked in Paediatric Dentistry, Periodontology and Public Dental Health in Dental Schools in the UK. She has run a Masters course in Community Dental Health and taken part in the training and calibration of examiners in all the UK oral health surveys of children and adults since 1978. She is course director of the 3 year postgraduate course in special care dentistry taught doctorate programme at Trinity College Dublin. Her research interests are in dental epidemiology, paediatric dentistry and all aspects of special care dentistry. She is currently a member of the Irish Health Research Board’s Panel on Population Health, Epidemiology and Health Services Research as well as two national longitudinal study groups on childhood and on ageing. She has supervised 28 Masters/PhD students and published over 100 papers and 18 books/chapters.

She is Past President of the British Society for Disability and Oral Health, the International Association for Disability and Oral Health and the Irish Society for Disability and Oral Health, and is Editor of the Journal of Disability and Oral Health. She is a member of the UK Royal College of Surgeons of England Specialist Advisory Committee on Special Care Dentistry and Chair of the Royal College of Surgeons in Ireland’s Advisory Committee on Additional Dental Specialties; Examiner in the Memberships in Special Needs Dentistry and Paediatric Dentistry, Royal College of Surgeons of Edinburgh. She is the only person to have been Secretary of the IADH twice, once after she was President.
Jane Chalmers was born February 25, 1965 in Sydney, Australia. She received her Bachelor of Dental Science from the University of Melbourne in 1987. Jane became the Head of the Community Dental Health Department at the United Dental Hospital in Sydney in 1992. On leave from that position, she completed a Master of Dental Science in Dental Public Health at the University of Iowa in 1995. Marrying Knute Carter in 1996, she returned to Australia and took up the position of senior research fellow at the Australian Institute of Health and Welfare Dental Statistics and Research Unit at the University of Adelaide. She received her Doctorate from the University of Adelaide in 2001. Her thesis topic was “The oral health of older adults with dementia,” and was applauded by her examiners as an ambitious and scholarly work. It was during this time that Jane was instrumental in establishing the Australian Society of Special Care in Dentistry.

Since 2004 she taught and researched as an Associate Professor in Preventive and Community Dentistry at the University of Iowa. She edited and reviewed numerous journals, and throughout her career her work and contributions were repeatedly acknowledged as outstanding. Jane published widely and won many awards including the IADR Young Investigator Award, the Mental Health Matters Award from the NSW Association of Mental Health inc. and most recently the Australian Dental Journal’s Best Scientific Article Award. She was internationally recognized as an expert in the care of those with special needs, providing continuing education and seminars to dentists in many countries.

In memory and in honor of a valued colleague, both The Australian Society of Special Care in Dentistry and the American based Special Care Dentistry Association have established Jane Chalmers Memorial Awards. In Australia, the Jane Chalmers Memorial Award will be presented biennially to the best paper at the Special Care Walkabout conferences. In the USA, the Jane Chalmers Memorial Award will be presented annually to a member of the Special Care Dentistry Association who has demonstrated an outstanding achievement in the areas of minimally invasive dentistry, prevention and/or restorative oral health care.

Jane will be remembered by her colleagues as a compassionate clinician, diligent researcher, an enthusiastic mentor and a dear friend. Her contribution to the field of special needs dentistry in Australia and throughout the world has been immense.
I am Shelagh Thompson, past President of the British Society for Disability and Oral Health. I’ve worked for nearly 30 years in the National Heath Service and for the last 6 years as a full time Senior Lecturer in Conscious Sedation and Special Care Dentistry. After working very hard to develop an MSc course in Conscious Sedation validated by Cardiff University, the Dean of the School of Dentistry kindly allowed me to take a short sabbatical around the time of the IADH Congress in Santos.

The last time I travelled alone was in 1979 when I went to Papua New Guinea for my student elective. I felt I deserved a break and decided to visit Argentina before the Congress. This would allow me to fulfil an ambition to travel in South America and also to discuss education in Special Care Dentistry with teachers and clinicians in other countries, something which I had pledged to do when taking on the role of President for BSDH in 2008. One of my objectives was to learn what others felt was best practice in SCD in their varied healthcare settings, whilst I also wanted time as Chair of the BSDH Teachers Group, to reflect on how to progress learning and scholarship in SCD in the UK.

I would like to thank Gustavo Molina very much for his help in arranging the trip and facilitating visits to Gabriela Scagnet in Buenos Aires and to Patricia Di Nasso in Mendoza. In preparation, I enrolled onto a Spanish course however, even though I persevered, I found learning a new language challenging, especially as this was not a skill I found easy when considerably younger!

My trip started in Buenos Aires, a vibrant city full of art, life and music with echoes of Che Guevara and Evita. I visited Gabriela at the Hospital de Ontological Infantil Don Benito Quinquela Martin in La Boca. Although she was extremely busy organising the Congress, Gabriela spent time showing me around the Hospital and introducing me to her dedicated team. I was really interested to learn that the Hospital has three psychologists who used behavioural management techniques to acclimatise children before dental treatment. Oral midazolam was also used and prescribed by the Hospital Physician for very anxious children; it had proved to be a successful treatment modality. I returned to Buenos Aires after the IADH congress, visited the School of Dentistry and gave a lecture (fortunately translated!!) on pre and post-graduate education in SCD and also for Dental Care Professionals.
I visited Mendoza next, a restful, beautiful city overlooked by the snow tipped Andes which is an excellent wine growing region famous for Malbec and Torrentes wines (also interesting!). I visited the University of Cuyo and was hosted by Patricia Di Nasso and her team who were very generous with their time; we had some great and lively discussions on how SCD is taught to their students and what we do in the UK. The exchange of information, resources and ideas on how we could integrate teaching in SCD in different countries was very useful, and left me with much to report back to the UK BSDH Teachers group.

What I have personally gained from this trip was how well meaning and generous people are throughout the world; that we have similar patients with different approaches to management and yet we are one minded in our desire to serve patients with the best care that we can provide. We are resourceful and indeed creative in novel ways, adapting to different environments and challenges. I was very interested in the use of techniques such as ART and oro-facial regulation therapy and the psychological approaches to patient management that would be useful to integrate into our teaching in SCD. I was enthralled by South America and still had the Congress to attend, the Alta Montana trip to Chile, the 1000 mile road trip around Salta, Jujuy, the salt flats, Bolivia, the Parana Delta and the spring in Buenos Aires.........!

I hope to use the knowledge I’ve gained to drive forward education in Special Care Dentistry and return to South America in the future. I am grateful for the friendships I made and hope to reciprocate their kindness if ever in Wales. A very deep thank you to all those who made me so welcome.

Finally, Merry Christmas and a Happy New Year from colleagues in Wales.

Shelagh Thompson, in the depth of winter Cardiff, UK, December 2008.
I think the most amazing times we had during the Santos congress were drinking glasses of Caipirinhas. Well, it’s time for all of us to refresh our memories in Latin America.

‘Few could pronounce or spell it, few could resist a second or third, and few managed to bring a bottle back home unbroken in their hold luggage or without getting it confiscated at their transit airport — including the editor!!!’ However, once almost unknown outside Brazil, the drink has become popular globally, largely due to the rising availability of first rate brands of cachaca outside of Brazil which now means you can recreate the ‘taste’ of the Brazilian Caipirinha — pronounced ‘kie-purr-een-ya’ in your own corner of the world.

Recipe

Cut a large lime in to 8 wedges and place in a rocks glass. Add two teaspoons of superfine sugar or 1 oz. of sugar syrup and mash or ‘muddle’ them together. Fill the rocks glass with ice. For best results, use crushed ice and add 2 fl ozs of CACHACA and stir. Garnish with lime

Enjoy!!!

Alison Dougall...