
EDITORIAL

Ever since Graham Mount coined the term minimum intervention dentistry in 1991, there has been a lot of interest and research generated on the subject. Minimal intervention dentistry and minimally invasive dentistry are two sides of the same coin which have evolved with the advent of microscope-assisted dental treatment. Minimal intervention includes early detection and repair at a micro level, whereas minimally invasive means surgical intervention with minimal loss of tissue. While the minimally invasive aspect of the treatment is getting more and more attention even in endodontics, the minimal intervention part is not often being advocated or practiced by most of us.

Remineralization and antibacterial therapy for incipient caries is often not a treatment choice mainly because of the unpredictability factor and the effectiveness in educating the patient on the need to do so.

Increasing patient awareness and educating them about the need to intervene at an early stage is a critical factor in this process. The dental education also needs to be modified to include more of interventional methods in the curriculum along with the other treatment procedures. The choice to include more of a medical model of treatment, before it requires a surgical option in managing dental caries, should be kept in mind before the “drill and fill” treatment is done. As is often said, change is the only constant in life and intelligence is the ability to adapt to change.

Looking forward to meeting you all at the 17th Annual Conference and family meet at Poovar, Trivandrum, on 28th and 29th of September 2019.



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