Sir,
The editorial titled “Nanomedicine” by Nabeel Manzar and Effa Mujeeb, published in J Coll Physicians Surg Pak, Vol. 22 (8): 481-483 was thought provoking and novel. Treatment of a physiological disorder at the genetic level and induction of a specific immunity by a genetically engineered material (genetic vaccination) are two revolutionary steps in the field of medicine. Still there is a long way to go to bring the dream of gene therapy and regenerative medicine into the reality of common man's life, even in the developed world. The novel nanoformulation of oral insulin (insulin encapsulated in folate coupled polyethylene glycol (PEG)ylated, differentiation of human embryonic stem cells into insulin producing cells and photodynamic therapy for cancer cells are in their inception/ trial phase.1

I agree with the author in that the prospects of nanomedicine for diagnostic and therapeutic implications are huge. However, also huge are the adverse implications associated with their use, which were not touched in the said editorial. So far, a total of six nanotherapeutic formulations have been approved for medical use and many are undergoing research trials in animals. The issues regarding their in vivo toxicity or methods to detect their toxicity are still unclear even to microbiologists and nanoscientists. This limits the clinical / pharmaceutical implications of nanoparticles to drug delivery, photodynamic therapy and bio-imaging at present. The safety of nanoparticle is neither well understood nor well established. In particular, nanoparticles can be variable in nanoparticle size from batch to batch, thus, affecting pharmacokinetics of drug and making the storage difficult.2 Potential neurotoxicity, structural damage in human erythrocytes and heat damage in photodynamic therapy have been reported.

While nanomedicine research is a quantum leap for future medicine but the litmus test result is quoted to be the failure or success of Lipoplatin and Prolindac.3 Until then, the developing nations need to adopt a cost-effective, realistic and balanced approach with regard to research on nanomedicine and its financial impact on an already compromised health delivery systems for poor masses.

REFERENCES

Sir,
Clinical pedodontics includes good hand skills and proper behaviour guidance of children. Reframing can be used effectively to alter children’s thought processes. Reframing is achieved by changing the frame of the situation i.e. projecting the situation differently. The content of any event depends upon the frame in which it is perceived.1 When we change the frame, the content is changed, in turn the response and behaviour.

Reframing is of great use in pedodontics that has wide applications. Guiding child to 'think differently' or 'see a new point of view' or 'take other factors into consideration' are the attempts to reframe, so that the child responds differently. Reframing the dental environment can help in changing the perception of the child. If the dental operatory looks like a hospital, the child associates it with painful experiences and feels stressful. Hence, creating a non-hospital-like, child-friendly environment is important. This can be achieved by using bright colours, toys, paintings of animals and cartoon characters on the walls, nice play area and audiovisual entertainment.

Reframing can be applied in patient education and diet counselling. When the benefits of brushing twice daily is advised, and child considers the advice as punishment; the communication will be unproductive. The child should be made to associate brushing twice daily with fresh breath or beautiful smile. This is achieved by employing effective communication skills and changing the stressful environment (separate patient education
rooms or areas). Reframing on adolescents, especially girls, is achieved by associating non-cariogenic diet with a slim body and esthetics.

Definite role of reframing in the treatment of habits such as thumb sucking and lip biting is observed. Without psychological management for habits, if other methods of treatment are employed, the child pairs the treatment with punishment and may become adamant. Hence, dentists can employ reframing in the case of habits, such as symptom prescription or reverse psychology, a component of reframing as the first step wherein the patient is asked to increase the frequency of the habit. Children could no longer enjoy the habit and they became more receptive for communication and by showing photographs of children engaged in the habit that lead to disfigurement, we can further alter the children's thinking.

We suggest the application of reframing in the treatment of oral habits before resorting to extensive appliance therapy. We are exploring different areas to increase the scope of this technique in our field.

REFERENCES


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