Brushing your teeth just got social

Oral-B launches the Oral-B FunZone, a gamification and social experience that makes brushing fun for people of all ages.

By Oral-B

DUBAI, UAE: Oral-B, the worldwide leader in oral care, has upgraded the Oral-B App to feature the Oral-B FunZone, a unique gamification feature that makes each brushing session a more rewarding experience for users of all ages.

The perfect solution for health-conscious people seeking a fun, enjoyable and dentist approved brushing experience, the Oral-B FunZone is an interactive in-app technology. The function simulates features from popular social sharing platforms, to encourage users to achieve their brushing goals through a fun-filled scoring system that unlocks photo filters.

“We know that people tend to accomplish their health goals when they can gauge their progress through an exciting social media or wearable experience,” says Dr. Ash-had Kaz - Professional & Scientific Relations Manager – P&G Oral Care. “With this in mind, we’ve upgraded our current mobile app offering to include the Oral-B FunZone, a feature that allows users to track and actively share their brushing journeys, encouraging proper brushing habits for all in a unique way.”

The Oral-B FunZone helps improve users’ oral care habits with a fun-filled social media sharing and reward system, making each brushing session the ultimate oral care experience.

Oral-B FunZone: An Easy Way to Make Brushing Enjoyable

With the Oral-B FunZone, users gain points during each brushing session to unlock new FunZone themes: Jungle, Anime, Cats and Haunted House.

The app comes pre-loaded with the jungle theme, and the three additional themes can be unlocked by acquiring points for improved oral care habits such as brushing for the dentist recommended time of two minutes or a pressure free session.

Oral-B FunZone: How it Works

• Users access the Oral-B FunZone in the Oral-B App and unlock new themes as they brush correctly.

• Users select one of the unlocked themes, and the app will automatically capture their filtered brushing session, generating a “selfie” gif.

• Users share FunZone experience with friends on social media with a specially curated “selfie”.

The Oral-B App experience paired with Oral-B GENIUS offers consumers a truly personalized oral care experience, so they can brush like their dentist recommends – and have fun!

The Oral-B App 5.0 is available on iTunes and Google Play. For more information about the Oral-B App and Oral-B products, please visit https://oralb.com/en-us

Interview: “Prevention is not just for children and young people”

By DTI

Three years ago, Professor of Cariology and Endodontology Ivo Krejci from the University of Geneva, Switzerland, published an article in which he made the case that professional motivation, instruction and checkups, as well as precise, non-invasive therapies, should be the core competence of a practice team in order to maintain oral health. Dental Tribune International spoke with him about his assertions.

Prof. Krejci, what is your main message when it comes to modern caries prophylaxis?
The aim of modern dentistry is not the temporary repair of heavy clinical symptoms in the form of large decaying lesions and deep periodontal pockets, but rather the lifelong dental health of the population, which I define as the absence of clinical symptoms. My article focused on one aspect of this concept, namely the causes, symptoms and treatment of caries, a chronic lifelong infection of the biofilm, the clinical symptoms of which, in the form of decaying lesions, are still some of the most common reasons for extractions. I am aware that I am speaking against the common teaching opinion, which treats caries and periodontitis as non-communicable diseases, but I believe it would be too much for this interview to explain the reasons for this stance in detail.

Besides increasing criticism of fluoridation, bioavailable calcium, acid neutralisation and harmless sugar substitutes can be identified as important factors in preventing caries symptoms in so far as the patient doesn’t want to curb excess sugar consumption. Three further measures are at least as important: firstly, early diagnosis of the initial caries; secondly, the lifelong, periodic professional motivation, instruction and monitoring of an efficient,atraumatic home dental care routine in the sense of primary prevention; and thirdly, the use of non-invasive adhesive composite restoration to stop or at least delay subclinical caries. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis. Direct and indirect caries symptoms in the sense of secondary prophylaxis.
hygiene tribes

Dental Tribune Middle East & Africa Edition  |  5/2018

By EDHC

In August 2018, Emirates Dental Hygienists, Care and Fair-care, an initiative by Goumbourk, partnered to deploy a team of dental professionals and a general volunteer to Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in 2015, when she rendered a dental hygiene service and gave oral health lessons, while a team of dentists carried out basic restor-
tive treatment and pain relieving extractions. This time, with the sup-
port of an amazing team of 11 vol-
utteers from four countries, they planned to go a step further and establish an ongoing service.

Following one missed flight, two cancelled flights, a brief struggle to import 2000 toothbrushes and 2000 tubes of toothpaste and a bone shaking 6-hour ride, the team finally met in Aitong in Kenya, where they set up the mobile dental unit within the village medical centre.

Sterilisation and cross-infection can be an issue in developing countries when carrying out humanitarian work, but careful planning by lary Browne meant the team were well prepared with an entire decon-
tamination process and two pres-
ervative solutions for both clini-
cian and patient safety.

A dental hygiene clinic was set up with two portable ultrasonic scalers and oral hygiene aids. Here, Hasna Hadji, Yamene Afarh, Haris Abdalla and Dr Shaima Ḍakib Bin Rasheen carried out dental screen-

ings for the local school children, preventative treatment and proph-
yaxis scaling. Abdalla and Afarh also held fun and interactive oral health lessons for groups of children, where they sang and danced about toothbrushing and healthy snacks. Patients often request cleaning to remove the brown stains seen frequently in the Mara, however this discolouration is due to the high levels of fluoride found in the ground water. Despite com-
munity efforts, filters to remove such high concentrations are expensive to maintain and following generations continue to be afflicted with severe fluorosis.

In the main surgery: patients were triaged by dental hygienists Karina Carniato and Stephanie Gardner who used their full skills sets to assess and anaesthetise patients ready for dental therapist Mad-

By EDHC

in England had previously visited Ai-
tong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.

England had previously visited Aitong in Kenya. The group was led by Rachael England, President of the EDHC. Fair-care is a Dubai-based organisation that provides dental care to low income workers for just 10% of the usual cost, ensuring equitable access to quality dental care.
Outside, the general volunteer Lisa Hicks registered patients and created a basic filing system to ensure future expeditions have patient treatment records. Four local young men were recruited to assist in translation and clinic organisation, one of whom, Delama, had been both deaf and mute since childhood when he contracted an illness, yet the whole community were able to do sign language with him.

The first day in clinic went smoothly as word spread throughout the community that a dental team was in town. The local host, Simi, ensured the welfare of the team and also managed to secure hotel accommodation - an upgrade from the expected campsite.

It was not all work and no play for the team. Sunday, Wednesday and Thursday were spent in the Maasai Mara National Park, where they were lucky enough to see elephants, lions, leopards, buffalo and cheetahs amongst the spectacular scenery inhabited by these incredible animals. They were also welcomed by the village elder at a local Manyatta (Maasai village) with traditional singing and dancing. Maasai are great pastoralists, living semi-nomadic lives that have remained unchanged for hundreds of years.

Monday and Tuesday were long days in the clinic, working from 08:30 to the last light of the day although it was school holidays, the local Head Teacher, Mr Ndairasi Dumas had arranged for local children to return for the day to have a dental screening and any treatment needed. Fortunately, about 150 children made the trip back, who then in a huge surprise performed songs for the team.

Many children live at the school to avoid the perilous walk across the Mara to reach their lessons. Facilities are basic, but clean and safe with wonderful, enthusiastic teachers. England and the team will be working with the school in future to ensure more children are able to receive an education that costs $20 per month - insurmountable to many families. Rags to Riches UAE generously donated 270 kits that the team distributed during this visit.

Clinically, the team experienced many cases of severe crowding that, naturally, the children and their families wanted corrected. Sadly, this was unachievable this time, carious #6 teeth in very young children and carious #8 teeth in everyone else. Overall, the clinic carried out 77 extractions, 39 fillings, 26 prophylaxes and dozens of oral health lessons. St. John Paul II School received no government funding and relies solely on community support and external donors. Currently 344 children reside at the school, yet there are approximately 2000 children living in the zone.

Rags to Riches UAE are an amazing group of volunteers who recycle bed sheets into reusable sanitary pads. These pads help reduce the stigma of menstruation, allowing girls to stay in school throughout the year. Rags to Riches UAE generously donated 270 kits that the team distributed during this visit.

The next expedition to Aitong will be in July 2019. For more details and to register your interest, email: maasaimolar@gmail.com or rachaelenglandrdh@gmail.com
Evaluation of an ex vivo porcine model to investigate the effect of low abrasive airpolishing

Aim
To assess the usability of pig jaws periodontal treatment model for low abrasive air polishing and to historically gauge the effect of various instrumentation techniques.

Material and methods
- From 120 Pig mandibular, the bicuspid part of one molar was chosen randomly and fixed in a way allowing controlled instrumentation.
- Five modes of instrumentation were evaluated.

<table>
<thead>
<tr>
<th>Group</th>
<th>Low Abrasive airpolishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A:</td>
<td>Low Abrasive airpolishing using glycine of 25 μm (EMS Pelo Powder, EMS, Nyon, Switzerland)</td>
</tr>
<tr>
<td>Group B:</td>
<td>Low Abrasive air polishing using erythritol powder of 14 μm (EMS Pelo Powder, EMS, Nyon, Switzerland)</td>
</tr>
<tr>
<td>Group C:</td>
<td>Panoramic scaling using Perio Slim FS instrument (EMS)</td>
</tr>
<tr>
<td>Group D:</td>
<td>Dr. 78 Gayte Curette (Deppler, Rolle, Switzerland)</td>
</tr>
<tr>
<td>Group E:</td>
<td>Untreated biopsy samples</td>
</tr>
</tbody>
</table>


Results
- Hand instrumentation had the most pronounced damage
- Hand instrumentation and ultrasonic scaling caused higher tissue destruction than both airpolishing powders
- Erythritol was slightly less traumatic than hand instrumentation with no statistically significant difference
- Between the low abrasive airpolishing powders, erythritol showed slightly lesser destruction, however, no statistically significant differences were observed between glycine and erythritol
- The porcine model is apt for use in histological evaluations

Conclusion
- Pig jaws could be used to assess the histological effects of different instrumentation on periodontal tissues before conducting studies on humans
- Low abrasive airpolishing powders had an overall low potential of soft tissue damage and could be used safely to remove biofilm subgingivally

Glycine (2)

Erythritol (2)

Ultrasonic (2)

Hand instrumentation (3)

Conrol

Sitting is a health hazard – an innovative way for the dental team to avoid workplace problems

By Dr. Penelope Jones, Australia

We have known for years that dental offices face a general problem. Millions have been spent trying to address this problem, yet the literature is still full of articles confirming, “Sitting for long periods increases your risk of cardiovascular disease, diabetes and even cancer.”

Industries have been made by members of the dental team by increasing their fitness levels and making a point of moving around as often as they can during the day.

Unfortunately, the basic problem has not been properly addressed. The problem, as expressed by Dr. Penelope Jones of the “Working Posture” programme, is how we sit.

Jones has been helping people turn their bodies function.

Have you ever noticed what happens when you concentrate, need to perform intricate work or even just deal with a stressful situation? You tend to reduce your breathing. You are unaware of it, and as time goes on, your breathing muscles (intracranial muscles and diaphragm) become tighter. As you can imagine, doing this every day is going to lead to tighter and tighter muscles and a more rigid chest.

Our other unconscious responses to stress are raised shoulders (part of our natural startle reflex) and shortening our posture at the front (also part of the reaction to protect ourselves from emotional stress). At the end of the day so many muscles that are not needed to perform our work are chronically tight and we feel “up tight”.

It is here that we have a real health hazard. Our nervous system controls which muscles contract and which ones relax, as well as the timing of this process. If we have a continually adjusting mechanism, it can strike a fatal blow or a shot with minimum effort as they are very aware of their bodies function.

Jones uses this understanding and the brilliant tool of neuroplastic learning to help you find a way to align yourself from the inside. You then very quickly become aware when you are tense and out of alignment, allowing you to correct your posture.

Dr. Penelope Jones, Australia

By Gregor Peterilka, Ralph Heckel, Raphael Koch, Benjamin Enhke, Nicole Anweiler

Aim
To assess the usability of pig jaws periodontal treatment model for low abrasive air polishing and to historically gauge the effect of various instrumentation techniques.

Material and methods
- From 120 Pig mandibular, the bicuspid part of one molar was chosen randomly and fixed in a way allowing controlled instrumentation.
- Five modes of instrumentation were evaluated.

<table>
<thead>
<tr>
<th>Group</th>
<th>Low Abrasive airpolishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A:</td>
<td>Low Abrasive airpolishing using glycine of 25 μm (EMS Pelo Powder, EMS, Nyon, Switzerland)</td>
</tr>
<tr>
<td>Group B:</td>
<td>Low Abrasive air polishing using erythritol powder of 14 μm (EMS Pelo Powder, EMS, Nyon, Switzerland)</td>
</tr>
<tr>
<td>Group C:</td>
<td>Panoramic scaling using Perio Slim FS instrument (EMS)</td>
</tr>
<tr>
<td>Group D:</td>
<td>Dr. 78 Gayte Curette (Deppler, Rolle, Switzerland)</td>
</tr>
<tr>
<td>Group E:</td>
<td>Untreated biopsy samples</td>
</tr>
</tbody>
</table>


Results
- Hand instrumentation had the most pronounced damage
- Hand instrumentation and ultrasonic scaling caused higher tissue destruction than both airpolishing powders
- Erythritol was slightly less traumatic than hand instrumentation with no statistically significant difference
- Between the low abrasive airpolishing powders, erythritol showed slightly lesser destruction, however, no statistically significant differences were observed between glycine and erythritol
- The porcine model is apt for use in histological evaluations

Conclusion
- Pig jaws could be used to assess the histological effects of different instrumentation on periodontal tissues before conducting studies on humans
- Low abrasive airpolishing powders had an overall low potential of soft tissue damage and could be used safely to remove biofilm subgingivally

Glycine (2)

Erythritol (2)

Ultrasonic (2)

Hand instrumentation (3)

Conrol

Sitting is a health hazard – an innovative way for the dental team to avoid workplace problems

By Dr. Penelope Jones, Australia

We have known for years that dental offices face a general problem. Millions have been spent trying to address this problem, yet the literature is still full of articles confirming, “Sitting for long periods increases your risk of cardiovascular disease, diabetes and even cancer.”

Industries have been made by members of the dental team by increasing their fitness levels and making a point of moving around as often as they can during the day.

Unfortunately, the basic problem has not been properly addressed. The problem, as expressed by Dr. Penelope Jones of the “Working Posture” programme, is how we sit.

Jones has been helping people turn their bodies function.

Have you ever noticed what happens when you concentrate, need to perform intricate work or even just deal with a stressful situation? You tend to reduce your breathing. You are unaware of it, and as time goes on, your breathing muscles (intracranial muscles and diaphragm) become tighter. As you can imagine, doing this every day is going to lead to tighter and tighter muscles and a more rigid chest.

Our other unconscious responses to stress are raised shoulders (part of our natural startle reflex) and shortening our posture at the front (also part of the reaction to protect ourselves from emotional stress). At the end of the day so many muscles that are not needed to perform our work are chronically tight and we feel “up tight”. No surprises there.

These tight muscles are sabotaging our comfort, and we are completely unaware of how it happens. We rest and do exercises and the tightness relaxes slightly, but in root cases the muscles never completely relax, so it is almost as if we are wearing a neurological strait jacket, even when we sleep.

These unconscious tight muscles pull our posture out of alignment and create chronic pain in our backs, necks, shoulders and arms.

Posture is not a static thing. Our nervous system controls which muscles contract and which ones relax, as well as the timing of this process. Ideally, when the muscles can continually adjust to the need to dissipate energy from our movements, we have good posture. But chronically tight muscles do not allow for this continual adjustment.

Great athletes and martial artists have trained themselves to do this continual adjustment. They can strike a fatal blow or a shot with minimum effort as they are very aware of their bodies function.

Jones uses this understanding and the brilliant tool of neuroplastic learning to help you find a way to align yourself from the inside. You then very quickly become aware when you are tense and out of alignment, allowing you to correct your posture.

Dr. Penelope Jones has been teaching her unique workshops for almost 30 years, both in Australia and internationally. Her workshop has helped people to prevent and recover from workplace injuries caused by chronic poor sitting at work.

Working Posture uses easy gentle movement lessons along with good breathing techniques to allow you to unwind your old muscular tension and learn to align yourself with far better skill. You will learn how to find good balance with strength as well as greater flexibility for the fine work of dentistry. It is easier and more enjoyable than you would imagine and does not involve strenuous exercise. It teaches you how to feel and understand good posture from within.

Dr. Jones has restored many a dental career. She is an international speaker and has been teaching in the faculty for over 20 years.

Dr. Jones workshops run mainly in Sydney Australia, but she will be lecturing and running workshops at the CAPPmea conference in Dubai on 10 and 11 November 2018.

Visit www.workingposture.com.au
Visit www.youtube.com/ watch?v=U77g5kGfIcI for more details on Working Posture.

THE GAME CHANGER

TEST GBT IN YOUR OWN PRACTICE

Do you want a free demonstration with our newest device following the GBT steps?

Please contact your local supplier to make an appointment.

UAE          Al Hayat Pharmaceuticals
OMAN         Sala Medical
             Bahwan Healthcare Center
BAHRAIN      Gulf Pharmacy
KSA          Al Turki Medical Group
LEBANON      Medetech SARL
JORDAN       Basamat Medical Supplies
KUWAIT       Al Bader Trading Co WLL
QATAR        Accros Trading
IRAN         Apadana Tak
EGYPT        Imeco
SYRIA        Ouzoun Trading Center

:ems-dental.com

©ems-dental.com

GUİDED BIOFİLM THERAPY®

01 ASSESS
02 DISCLOSE
03 MOTIVATE
04 AIRFLOW®
05 PERIOFLOW®
06 PIEZON®
07 CHECK
08 RECALL

‘I FEEL GOOD’

EMS
MAKE ME SMILE.
Interview: “BlueM supports the body’s own healing process”

By Franziska Beier, DTI

Awareness of the importance of oral care during pregnancy has been increasing, and this is also apparent in the dental products available today. Dutch company BlueM, for example, offers an oral care range that is safe for pregnant women and children. Denise Leusink, oral health adviser at BlueM, spoke to Dental Tribune International about the background behind development of the BlueM line, its effects on oral health and particular concerns for pregnant women regarding oral care.

Ms Leusink, the founding of the BlueM brand was somewhat of a coincidence arising from Fokke Jan Middendorp sustaining an injury during a hockey game. Can you elaborate a bit on this story?

Ha, I love this story! Fokke Jan is a former international hockey player and one day was injured during a game. Dr Peter Bijl, a maxillofacial surgeon, was watching the game. He came to Fokke Jan and asked him if he could apply a gel on his knee to relieve the pain. It turned out that Peter was determined to achieve a new and different way of practising dentistry—not one that was unhealthy or aggressive, but one that was gentle on the body. All he wanted for his patients was minimally invasive surgery, meaning a minimal amount of pain and the fastest recovery possible. During his quest, he discovered the power and beneficial effect of oxygen and developed a gel based on oxygen that accelerated wound healing. Fokke Jan was so enthused that he wanted to help Peter and together they started BlueM. The first product they launched was the oral gel which is the perfected version of Peter's dream.

What was it that motivated you and your team to develop the blue M product line?

BlueM is different from other oral care brands. Peter wanted to make a difference for his patients and help as many people as possible with body-friendly solutions. The realisation of Peter’s dream is what drives us as the BlueM team. We receive many, many stories from BlueM users from all around the world and we are constantly impressed by the remarkable, almost magical results. It is both exciting and humbling and as a team we feel grateful to continue on the journey started by our founder.

What active agents do the products contain and how do they work?

The basis of BlueM is sodium perborate, honey, xylitol and lactoferrin. Sodium perborate slowly releases a body-friendly amount of active oxygen. Oxygen plays a key role in wound healing because it accelerates the wound healing process. Active oxygen kills anaerobic bacteria, which are the cause of most oral problems. Honey is a carrier of oxygen and has many antibacterial functions. Xylitol stimulates salivary flow, helps remineralisation and kills Streptococcus mutans. Last but not least is lactoferrin, an immune-boosting protein that stimulates bone regrowth.

Does BlueM toothpaste contain fluoride?

We have two toothpastes: one without fluoride and one with 1,000 ppm calcium fluoride. When BlueM started, we focused on patients with implants. Fluoride corrodes the titanium surface layer of implants, which means that one should rather use fluoride-free toothpaste. Since many people without implants are using our products nowadays and dental professionals asked for a fluoride toothpaste, we created one.

Does the toothpaste contain sugar because of the added honey?

The sugar in the biological, cold-extracted honey is converted into water and oxygen when it comes into contact with liquids. The catalyst in this process is called glucose oxidase. The sugar in honey is completely converted, which means there is no risk of caries.

Why is this product suitable for pregnant women?

BlueM supports the body’s own healing process. Because of the products’ natural effects, they are suitable for long-term use. Other products, which are mostly chemical, can only be used for a short period. BlueM products are safe for children and pregnant women.

Gain a child, lose a tooth—truth or myth?

It is true that many women develop caries after their pregnancy. During pregnancy, there are many changes: fluctuating levels of calcium and magnesium, altered nutrition resulting from consuming more snacks, hormone fluctuations and even less time for oral hygiene. All these external factors can lead to caries. Therefore, I believe it to be a myth because the development of caries is caused by many factors beyond pregnancy.

Uses of pregnant women include periodontal problems or oral wounds. Since it accelerates wound healing, it has many indications. For example, the elderly use our oral foam to take care of their gingivae and clean their dentures. Our oxygen fluid is often used by cancer patients to support wound healing after thermo- or radiotherapy.

What sets BlueM apart from other products?

BlueM supports the body’s own healing process. That’s one unique oral care.

Where is the product available and how much does it cost?

BlueM is promoted by top dental professionals in more than 40 countries. You can buy it online; in various clinics and in many pharmacies. We have distributors worldwide; for an overview, see our website https://www.bluemcare.com/international-distribution/. The price ranges from €3.95 for a mouth spray to €24.95 for the oxygen fluid, which is a medical product.

Thank you very much for the interview. ■
CROIXTURE
PROFESSIONAL MEDICAL COUTURE

NEW COLLECTION
EXPERIENCE OUR ENTIRE COLLECTION AT WWW.CROIXTURE.COM
A soft approach for tough areas.

Enamel is hard. Harder than steel, even. And it should stay that way. Enamel-friendly brushing means: pampering your teeth and gums with tender loving care. Like with the gentle CS 5460 ultra soft. Mmmm, let’s do that again.