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Amalgam and sugar – challenge to dentistry

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Editorial

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The recently concluded Conference of Parties to the Minamata Convention on Mercury, as far as dentistry and overall health is concerned has been yet another meeting. There is sufficient evidence to indicate the long-term health effects of mercury used in dental amalgams, at least in a section of the population, and on the immediate environment. On the contrary, dentistry is handicapped with no better, cheaper alternative that has the strength and longevity of dental amalgam. Considering the fact that dental caries still reigns as one of the common disease burdens affecting humanity, phasing out amalgam without a reliable alternative is a risk. There is no doubt that mercury is harmful, but the need of the hour is the search for a viable alternative.^[1]

On the other hand, sugar fuelled obesity is on the rise. The global incidence of obesity has tripled from 1975, with 650 million suffering from obesity and another 1.35 billion being overweight.^[2] India is home to every sixth human in the world and has been estimated to have 135 million obese people, with several of its states having more than 25% of its adult population being obese.^[3] Globally, an increase in physical activity is suggested as a way to counteract the obesity epidemic. However, the evidence is negligible to low for this approach.^[4] On the other hand, approaches such as sin tax of unhealthy foods, subsidization of healthy foods, regulation of food advertising to children, mass media campaigns, and physician counseling of individuals at risk in primary care have been found to be effective.^[5] For India to combat the menace of obesity and sugary diet, it needs to chalk out strategies to minimize the use of sugar and increase the consumption of fruits, vegetables, and high-fiber grains such as millets. This can be done by improving production, supply chains, and demand.^[6]

Till a large scale policy shift is done, the possibility of obesity and its associated health effects such as diabetics, hypertension, and all non-communicable diseases would be on the rise. Dental caries and oral diseases that have an intricate relationship with these diseases would also increase.^[7] This has already been noted in the Southeast Asian continent. The increasing epidemic of non-communicable diseases, including dental caries and obesity is a major cause of concern and should be dealt with on a war footing.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- 1. Balaji SM. Mercury, dentistry, Minamata convention and research opportunities. Indian J Dent Res 2019;30:819.
- 2. World Health Organization. Obesity and Overweight. World Health Organization. 2018; Available from: https://www.who. int/news-room/fact-sheets/detail/obesity-and-overweight. [Last accessed on 2019 Dec 27].
- 3. Ahirwar R, Mondal PR. Prevalence of obesity in India: A systematic review. Diabetes Metab Syndr 2019;13:318-21.
- 4. Luke A, Cooper RS. Physical activity does not influence obesity risk: Time to clarify the public health message. Int J Epidemiol

2013;42:1831-6.

- Malik V, Hu F. Obesity prevention. In: Prabhakaran D, Anand S, Gaziano T, Mbanya J, Wu Y, Nugent R, editors. Disease Control Priorities, Cardiovascular, Respiratory, and Related Disorders. 3rd ed. Vol. 5. Ch. 7. Washington, DC: World Bank; 2017. p. 117-34.
- Raju S, Rampal P, Bhavani RV, Rajshekar SC. Introduction of millets into the public distribution system: Lessons from Karnataka. Rev Agrar Stud 2018;8:120-36.
- Balaji SM, Seeberger GK, Hennedige O. Burden of oral diseases and noncommunicable diseases: An asia-pacific perspective. Indian J Dent Res 2018;29:820-9.

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