



Whose fault is it anyway?

Branemark and his colleagues created a new field of study from their research observation. Through further research, they transformed the field of implantology from an unpredictable art to a well-grounded clinical science. From the early beginnings, much has changed in implantology. What began as a hyper-specialized treatment modality has now become a commonplace method of tooth replacement.

Predictability of implant treatment has transformed treatment methodology for edentulous patients in our country also. It necessitates the creation of a new working field i.e., "Department of Implantology." Instead of individual work, a team effort would provide best results for the success of the new department. The team should comprise of a prosthodontist, an oral surgeon and a periodontist. The chief coordinator should be a prosthodontist.

This is not happening in our country. The reason why a prosthodontist should be the chief coordinator is because the long-term success of the implant-supported prosthesis depends upon the optimum position of the

prosthesis and its dynamic occlusal relationship (articulation) with the opposing dentition. The prosthodontist will be a much better judge of these things. It is a fact that the patient is coming for replacement of teeth and not for implants itself. When I searched for a reason as to why the prosthodontist is not in the forefront, I realized it is we prosthodontists who need to be blamed. We are not willing to take up the responsibility. The solution could be having an adequate training in the implant field. The curriculum in prosthodontics should be restructured in such a way that it imparts knowledge about implant dentistry and basic principles of surgery as well.

Finally, it is the job of the prosthodontist to replace missing teeth. It is time that we do our job properly.

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