

India Meets the Challenge and Goes for Gold

ST Grennell

This Editorial was initially printed in the March 2017 issue of the *Indian Journal of Dental Research*. They have graciously allowed us to reprint it here.

Citation: Grennell ST. India meets the challenge and goes for gold. *Indian Journal of Dental Research* 2017;28:119-120.

The Indian Academy of Gold Foil Operators (IAGFO) held its first World Gold Summit this past January. Seven delegates from the American Academy of Gold Foil Operators (AAGFO) came to present and participate. Invitations were sent, and many dentists came. What was the interest, why gold, and who are these academies?

Let's examine why gold is even a topic. After all, in dentistry, so many people today reject gold in favor of tooth-colored restorations. Yet these same people wear gold elsewhere on their bodies. It has become stylish for some to cover natural skin with tattooing. That renders the desire for natural coloration rather moot. As for gold, people admire it. It is a symbol of prosperity. It is beautiful. The body finds gold comfortable and does not reject it as it will other metals. Indeed, it is basically nonreactive to the body, as seen in piercings and in dental restorations.

Dental restorations made of gold are tissue compatible. They can be shaped to mimic natural tooth morphology. Cast gold wears at the same rate as enamel and does not wear the opposing dentition. It has sufficient strength to withstand masticatory forces without flexing or fracturing and often lasts the entire life of the patient. It also offers the option



of partial coverage, retaining, and supporting natural tooth structure. It can be designed to be highly esthetic without displaying gold, and it does not absorb light. Deflection of light, which gold offers, gives brilliance to the smile without glitter.

Normal oral function often wears the dentition and openings may occur in gold castings. These openings can be easily repaired with gold foil. Gold foil is also an excellent material for small lesions, particularly at the gum line. The gingiva will always shun a restoration and will remain below the margin, that is, except with gold foil, where the tissue is so comfortable that it will resume its natural sculpted position, covering the gold and resting in complete health. Gold foil is the only dental material that, if carefully placed and finished, can close the margin with no interface opening. The cast gold margin comes as close as 20 μm . No other material other than gold has such a tight marginal fit.

If conservation, preservation, and longevity are goals of the dentist and patient, then the usage of gold is the answer. In a world concerned with

Susanne T Grennell, President, American Academy of Gold Foil Operators, PO Box 153, Billings, NY 12510, USA.

DOI: 10.4103/ijdr.IJDR_147_17

toxicity, gold offers the best restoration with the least toxicity. Today, where the average life span has greatly increased, longevity of dental restorations must be a consideration, and again, gold is the best answer.

After seriously considering all the positive features of gold, one has to wonder why it is not in every dentist's armamentarium. There are two primary reasons. The first is that usage of gold, from preparation to finish, is exacting. All details should be satisfied 100%. There is no room for error. The second reason is that dental schools have dropped the teaching of gold from their curriculum because it requires exacting technique. Insufficient education is an obstacle, as proper education is essential. It is so sad that our finest and best material could become obsolete.

However, all is not lost. It would be ideal to reintroduce gold in dental schools. Moreover, it has happened in a few places. However, it is primarily three academies that maintain the "gold standard." The first is the AAGFO, which promotes the usage of direct gold. The Academy of R V Tucker Study Clubs (ARVTSC) promotes cast gold and study clubs. The Academy of Operative Dentistry (AOD) holds an annual meeting with two days of high-quality lectures, promoting excellence in all aspects of everyday dentistry. The AOD saw a need for a publication and joined forces with the AAGFO and the ARVTSC in support of *Operative Dentistry*, which is a highly esteemed and internationally acclaimed journal. The mission of these academies

is to promote excellence in dentistry. In addition, camaraderie and sharing are part of this process, which holds to the highest standard.

These academies function to disseminate information and technique, encouraging the study club venue. Study club is a direct clinical application where 3 to 15 clinicians each perform a procedure on a patient, with a mentor supervising in a congenial and supportive atmosphere. This is followed by a critique that becomes a teaching and sharing discussion. Performing an actual procedure, under supervision, provides the best learning experience by far. Although the learning curve may appear to be slow at first, it is the quickest way to learn gold techniques—or any technique for that matter. Knowledge acquired in study club benefits all aspects of dentistry. The study club dentist is always improving, doing better and better dentistry.

The Academy of Gold Foil Operators began as an organization in 1952. This organization started the journal *Operative Dentistry* and then parented the AOD in 1972. In 2016, the IAGFO was recognized as an affiliate of AAGFO. IAGFO began the World Gold Summit and held its first meeting January 27-29, 2017, in Chennai, India. This is very exciting for those who embrace excellence in dentistry. Clearly, this sister group in India has done just that. Using gold adds to our abilities and expands the services we can offer our patients. Take advantage of the opportunities available and join an academy, join a study club, or be innovative and start a study club or begin an academy. Take the challenge!