A dental insurance for India

Considering the growth of the Indian economy, prospects for dental insurance remain unexplored. Unlike most Western countries, specific dental insurance plans are not common and oral health insurance is usually integrated within general health insurance schemes. This type is provided by insurance companies as part of their own general health insurance schemes, such as a health advantage policy or student medical policy.

In a comprehensive survey of 5,120 people from all parts of Indian society, our department found that none of those surveyed had any kind of dental insurance. This indicates the urgent need for such a scheme. Over three-quarters (78%) said that they would make use of dental insurance if offered, if the plan was suited to their needs. None of the respondents knew of a dental insurance company.

The Indian Dental Association has been trying to establish an all-inclusive dental health-care insurance scheme since 2005. Until now, however, the organisation had been unable to achieve anything substantial in this regard. Once introduced in June, the policy may not be well received, as there has been no advertisement or press coverage of the scheme and no public announcements have been made.

If well received, the scheme may offer many benefits, such as oral health-care workers being able to reach every class and village across the country. In addition, the scheme would serve as a good motivation to visit a dentist regularly and to complete treatment, as they will not need to pay for further treatment.

If the government creates awareness of the benefits of dentistry for longevity of teeth across society, insurance policymakers should support it by offering beneficial dental insurance schemes for the masses.

To the Editor

Re: “No-drill restorations and amalgam equally successful” (Dental Tribune Asia Pacific, Vol. 9, No. 1+2, page 5)

Mercury is toxic to poor and rich alike. The mercury in “silver” fillings is the largest contributor to the human body burden of this highly toxic heavy metal.

Dr Harold Loe, then Director of the National Institute of Dental Research in the US, stated in the 2003 September edition of the Dental Products Report that “first filling is a critical step in the life of a tooth. Using amalgam for the first filling requires removing a lot of the tooth substance, not only diseased tooth substance but healthy tooth substance as well.

So, in making the undercut you sacrifice a bit, and this results in a weakened tooth. The next thing you know the tooth breaks off, and you need a crown. Then you need to repair the crown … and so it continues to the stage where there is no more to repair and you pull the tooth.

With the first filling you should do something that can either restore the tooth or retain more healthy tooth substance. Use new materials—composites or materials you can bond to the surface without undercut. You can do this with little removal of the tooth substance so that the core of the tooth is still there.

ART has been tested for years with excellent results. It is the answer to getting rid of amalgam even for the poor, despite the FDI and ADA claim that poor children will not have their cavities filled if mercury fillings are banned.

Bob Reeves, USA

Yours sincerely,
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