Aesthetics and the brain

The age-old question as to what constitutes beauty has been subjected to yet another wrinkle. Research has been presented showing that left-sided brain people perceive beauty differently than right-sided ones. Beauty is and has been perceived through the ages through individual eyes. Perhaps different cultures encourage different zones of desire and contentment; also, people of different ages may have different views. Whatever the cause or conditioning, our visions encourage that beautiful zone. Is it due to our youth’s environment, perhaps where our mother’s left side of the brain influenced our concepts early, relating to beauty?

When I was presenting cosmetic periodontal techniques in Sicily, Italy, at a congress dedicated to aesthetics in dentistry, Dr DeLuca, an exquisite periodontist with exceptional aesthetic prosthetic results, brought up factors and questions regarding the effects of aesthetics from the right and left sides of the brain as well as the male/female dominance in their respective spheres.

In general, the right side is usually related to males. The left side of the brain is, in general, attributed to the female gender. Its characteristics are said to be non-verbal, intentional, emotional, excellence in spatial relationships, and good colour perception.

In the past 20 plus years of dentistry, aesthetics has changed the face of the profession. This is not meant to be a pan but an actual fact. At about the same time that cosmetic improvement was encouraged by our profession, the profile of the dental school population started to change. The number of female dental students became more predominant than ever before in the United States. Was this the left side of the brain making its mark?

The initiating pioneers in the dental aesthetic field, Drs Irwin Smigel and Ron Goldstein, foresaw awareness to the public as well as dentists, and encouraged the patient to request looking better orally. In turn, they encouraged the dentist to provide better aesthetically appealing procedures, and, if necessary, isolating infected patients.

Evidently, there are still new cases of Influenza A caused by the H1N1 Virus. Throughout the world, the strategic response to the virus has been to slow and limit its spread. Basic measures for prevention and control of infection are the most effective means of achieving this.

The recommended procedures for preventing the spread of respiratory infections include frequently washing the hands, covering the mouth with a tissue when coughing or sneezing, avoiding physical contact with patients, and, if necessary, isolating infected patients.

Successful infection control is based on our execution of procedures and exercise of caution.

For our own safety, as well as our patients’ health, all health workers should regard the following as potentially infectious: body fluids (with or without visible blood), mucous membranes, and non-intact skin—that is, surfaces are standard precautions.

Additionally, during the flu season or an influenza outbreak such as the recent one, dental professionals with viral respiratory diseases should suspend all clinical activities until they are healthy.

In order to avoid the exposure of the dentist to flu, it is recommended that patients with symptoms of a respiratory infection of viral origin continue their dental treatment when they are free of symptoms.

Resources for dental professionals on the Influenza A (H1N1) virus are available from the Organization for Safety and Asepsis Procedures at: www.osap.org/display/common.cfm?an=1&subcat=1216.