

**Cosmetics and Bioesthetics**  
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Within the past dozen years or so, great emphasis has been placed on cosmetic dentistry. Television shows such as “Extreme Makeovers” and the like have brought attention to the advancement of dental bonding and porcelain technologies to improve smile deficiencies that weren’t available before, allowing for wonderful smile transformations.

There is no recognized dental specialty program for becoming a cosmetic dentist such as there is for example in becoming an oral surgeon or an orthodontist, formal specialties that take several years of study, practical experience and testing after graduation from dental school. Although there are no restrictions for any dentist claiming to be a cosmetic dentist, many of those who do perform cosmetic services have taken courses in the proper application of these new technologies, and many join organizations having to do with continued skill learning in cosmetic dentistry.

But even with these skills the dentist may risk creating more problems if s/he is merely putting a superficial ‘gloss’ over an unhealthy mouth, without taking into consideration other issues such as the patient’s tooth wear and/or head/neck pain that could be at the heart of the problem. Ronald Goldstein, D.D.S., Founder of the American Academy of Esthetic Dentistry remarks, “It has been estimated that in 2004, of the \$35 billion spent on cosmetic dentistry, \$10 billion was spent on misdiagnoses and redoing faulty dentistry.” To me, this is a strong indicator of the excessive misapplication of cosmetic technology in the dental profession. Even the best of technologies can fail if applied to an unhealthy oral system – similar to a premium quality tire placed on a racing car whose front end is out of alignment.

The purpose of this article is to have the reader learn about the single factor most commonly overlooked by many dentists when applying these cosmetic technologies to their patients. It is a fact that the teeth are only one component of an extremely unique and integrated system, and are always in relation to the surrounding bone, muscles, nerves and ligaments. This whole system must come together in harmony if there is to be both healthy oral function and lasting attractive appearance.

This was brought to light by a pioneering dentist, Dr. Robert Lee, who was also a biologist-researcher. He became extremely interested in studying the oral systems of people with healthy mouths and attractive smiles, who rarely needed the services of a dentist! Why is it, he asked, that these people had minimal or no apparent tooth wear, head/neck pain, or gum disease? His research disclosed that they all shared the common attribute of having a healthy natural arrangement of the teeth in relationship to the jaw joints (TMJ’s). In other words, these were the lucky folks; they were born with a healthy functioning mouth system. He coined the term, *Bioesthetics*, or, “*the study or theory of the beauty of living things in their natural forms and function.*”

Dr. Lee discovered that 10 - 14 percent of the population was blessed with Bioesthetic attributes in their mouths. Just as in nature, where the species with the healthiest of systems operate the smoothest and last the longest. This is why, I believe, he attributed the term Bio-esthetics to these healthy systems (Aesthetics: “an underlying principle, a set of principles, or a view often manifested by outward appearances or style of behavior.” *Dictionary.com*) rather than Bio-cosmetics (Cosmetics: “something superficial that is used to cover a deficiency or defect.” *Dictionary.com*).

The Bioesthetic dentist, through his/her knowledge of how a healthy total oral system appears and functions will diagnose the abnormalities first, and then treat the patient towards that healthy ideal model. This is when the application of the wonderful new cosmetic technologies makes the most sense, as they are not used as just a superficial cover-up, but as part of the continuing development of the patients’ overall state of optimum dental health and appearance – true Bioesthetics.

The Bioesthetic philosophy of dentistry has at its forefront a well researched health model, and is the foundation of my dental practice. Although I have several awards for achievement after dental school that represent thousands of hours of formal study, the heart of my practice centers around prevention and application of the Bioesthetic principles in diagnosis and treatment. My first step as a Bioesthetic dentist is to diagnose the patient’s total oral system and eliminate any symptoms such as head, neck or jaw joint pain, as well as eliminate gum disease to create a healthy foundation for the teeth. Then, using today’s advanced technologies such as teeth replacement implants, cosmetic bonding, and life-like porcelain crowns, I design the most attractive and functional teeth using the Bioesthetic health model as a template. When done correctly, the patient’s mouth functions as closely as possible to those blessed with the Bioesthetic attributes, as described above.

This approach is in contrast to traditional dentistry, which all too often jumps right in to repair, replace and whiten teeth without first finding out what caused the dental problems in the first place! Patients shouldn’t have to spend time and money for dental treatments only to find that their underlying dental problems still remain... they are caught in the repeated cycle of “patch-and-repair.” In contrast, Bioesthetic dentistry offers sustained oral health and a mouth that functions and remains beautiful over time.