

Revolutionizing Dental Practice: A Review of Innovations in Dental Materials

Suankit Ashok Harane*, Mahesh Kashinath Patil, Vinita Vijay Kale, Milind Janrao Umekar

Department of Regulatory Affairs, Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, Nagpur, Maharashtra, INDIA.

ABSTRACT

Dental materials are essential in modern dentistry, facilitating the diagnosis, treatment, and prevention of oral diseases. They are utilized in restorative, prosthetic, preventive, endodontic, and orthodontic procedures, with selection guided by mechanical, biological, chemical, and aesthetic properties. Innovations in nanotechnology, bioactive compounds, and digital dentistry have greatly enhanced both functional and aesthetic outcomes. This review explores the classification, properties, and recent innovations in dental materials. It examines restorative materials like composites, amalgams, and glass ionomer cements used for tooth repair and caries prevention. Prosthetic materials, including metals, ceramics, and polymers, are analyzed for their roles in fabricating crowns, bridges, and dentures. Additionally, impression materials, endodontic substances, and orthodontic wires are reviewed for their contributions to diagnostic and therapeutic procedures. Key material properties, such as biocompatibility, mechanical strength, and adhesive bonding, are critical in determining clinical performance and longevity. Emerging technologies, including nanohybrid composites, bioactive glass and CAD/CAM systems are revolutionizing dental care by enhancing precision, durability, and patient-specific customization. The incorporation of bioactive compounds has further introduced materials capable of tissue regeneration and disease prevention, aligning with minimally invasive and regenerative dentistry goals. Technological advancements continue to drive innovation in dental materials, improving patient outcomes and treatment efficiency. Understanding the classification, properties, and developments in dental materials is essential for clinicians and researchers striving for enhanced performance in restorative, prosthetic, and diagnostic applications. Future progress is expected to integrate smart, bioactive, and digitally designed materials, advancing patient-centered dental care.

Keywords: Adhesive dentistry, Bioactive materials, Biocompatibility, CAD/CAM technology, Dental materials, Nanotechnology, Restorative dentistry.

Correspondence:

Mr. Suankit Ashok Harane

Department of Regulatory Affairs, Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee, Nagpur, Maharashtra, INDIA.
Email: suankit.harane92@gmail.com, suankithskb@gmail.com

Received: 07-03-2025;

Revised: 12-05-2025;

Accepted: 22-07-2025.

INTRODUCTION

Dental materials play an instrumental role in modern dentistry, shaping the way oral health is maintained and restored.^{1,2} The continuous development of materials with improved properties and applications has transformed clinical practices, enabling better functional and aesthetic outcomes.³ From restorative procedures to preventive measures, dental materials are essential for addressing a diverse range of oral health needs.

Importance of Dental Materials

The choice of dental materials directly influences the success and longevity of dental treatments. Properties such as biocompatibility, mechanical strength, and aesthetic appeal are

crucial for their effectiveness. For example, advancements in composite resins and ceramics have enabled clinicians to achieve natural-looking restorations without compromising durability.^{4,5} In addition, materials such as fluoride-releasing glass ionomers have demonstrated their potential in preventive dentistry by actively combating caries development.⁶

Evolution of Dental Materials

The field of dental materials has evolved significantly over the past century, transitioning from traditional materials like gold and amalgam to modern, high-performance alternatives (Figure 1). Historically, gold was used for its malleability and resistance to corrosion, while amalgam gained prominence in the 19th century due to its affordability and strength.^{7,8} However, concerns about mercury content and increasing demand for aesthetically pleasing options spurred the development of resin-based composites and ceramics in the mid-20th century.^{9,10} Today, the integration of nanotechnology and bioactive properties into dental materials reflects the cutting-edge advancements in the field.



DOI: 10.5530/ijper.20261637

Copyright Information :

Copyright Author (s) 2026 Distributed under
Creative Commons CC-BY 4.0

Publishing Partner : Manuscript Technomedia, [www.mstechnomedia.com]

Objectives of the Review

This review aims to provide a comprehensive overview of dental materials, focusing on their classification, key properties, and recent advances. By examining the scientific basis for their use, this article highlights the significance of material selection in achieving optimal clinical outcomes. It also explores how emerging technologies are influencing the future of dental materials, emphasizing the need for ongoing research and innovation.

CLASSIFICATION OF DENTAL MATERIALS

Dental materials are categorized based on their function, composition, and clinical application (Figure 2). These classifications provide a systematic approach to selecting materials for specific procedures, ensuring optimal clinical outcomes.

Restorative Materials

Restorative materials are designed to restore the function, structure, and aesthetics of damaged teeth. They are broadly divided into direct and indirect materials.

Composites: Composites are widely used in direct restorations because of its ability to bond to dentin and enamel, excellent aesthetics, and versatility. Nanohybrid composites, which incorporate nanoparticles, offer improved strength, polish ability, and wear resistance.^{4,11}

Source: Composed of a resin matrix, inorganic filler particles, and a coupling agent.

Chemistry: The resin matrix typically consists of bisphenol A-glycidyl methacrylate (Bis-GMA) and Triethylene Glycol Dimethacrylate (TEGDMA). The inorganic fillers, often made from silica or zirconia, are used to enhance mechanical properties. The polymerization process is initiated by light (light-cured composites) or chemical activators.

Amalgam: Dental amalgam is a durable and cost-effective material used primarily in posterior restorations. Despite its long-standing use, concerns over mercury content have led to a decline in its popularity in favor of alternatives like composites.¹²

Source: A mixture of mercury with silver, tin, copper, and sometimes zinc.

Chemistry: The chemical reaction involves the formation of an alloy when the powdered metals are mixed with mercury. The optimal ratio of these elements is crucial for achieving desirable mechanical properties and minimizing corrosion.

Glass Ionomer Cements (GIC): GICs combine restorative and preventive functions by adhering chemically to tooth structures and releasing fluoride, making them suitable for pediatric and preventive dentistry.^{13,14}

Source: Composed of polyacrylic acid and an ion-leachable glass powder.

Chemistry: The acid-base reaction results in the setting of the cement, characterized by the formation of a gel-like matrix that bonds to both enamel and dentin. Fluoride ions released from the glass provide additional cariostatic benefits.

Prosthetic Materials

Prosthetic materials are used to fabricate crowns, bridges, dentures, and other dental prostheses.

Metal Alloys: Metals such as titanium and cobalt-chromium are valued for their strength, wear resistance, and biocompatibility. Titanium, in particular, is widely used in dental implants for its osseointegration capabilities.^{15,16}

Source: Typically derived from various metallic compounds, such as gold, nickel-chromium, and titanium alloys.

Chemistry: Metallic dental materials often exhibit beneficial properties such as ductility and resistance to corrosion. Titanium is favored for implants due to its biocompatibility and ability to form a stable oxide layer that promotes osseointegration.

Ceramics: All-ceramic materials, including zirconia and lithium disilicate, are preferred for their superior aesthetics and biocompatibility. Monolithic zirconia crowns exhibit excellent fracture toughness and translucency, making them ideal for posterior restorations.¹⁷

Source: Comprised of inorganic materials, primarily silica, alumina, and other metal oxides.

Chemistry: The crystalline structure enhances the material's strength and aesthetics. Zirconia, for example, is a polycrystalline ceramic that offers high fracture toughness, while lithium disilicate ceramics offer excellent aesthetics due to their opacity and translucency modulation.

Polymers: Acrylic resins and other polymers are commonly used for denture bases due to their lightweight and customizable properties. Advanced high-impact resins enhance durability and resistance to fracture.¹⁸

Impression Materials

Impression materials are essential for capturing the precise dimensions of the oral cavity for diagnostic and restorative procedures.

Elastomers: Polyvinyl Siloxane (PVS) and polyether are the most commonly used elastomers due to their excellent dimensional stability, accuracy, and ease of use. They are the gold standard for final impressions in prosthodontics.¹⁹

Source: Made from siloxane polymers.

Chemistry: The addition of a catalyst causes the siloxane to undergo a polymerization reaction, forming a rubbery elastomer that captures fine details of oral structures. PVS is known for its excellent dimensional stability and hydrophilicity.

Alginate: Alginate is a cost-effective material used for preliminary impressions, particularly in orthodontics. While less accurate than elastomers, its ease of mixing and rapid setting make it a popular choice for non-final impressions.²⁰

Preventive Materials

Preventive materials are designed to protect teeth from decay and other diseases.

Sealants: Pit and fissure sealants, typically made of resin, create a protective barrier on occlusal surfaces to prevent caries in children and adolescents.^{21,22}

Fluoride-Releasing Compounds: Fluoride varnishes and glass ionomers provide a sustained release of fluoride, aiding in the remineralization of enamel and reducing caries risk.²³

Specialized Materials

These materials cater to specific dental treatments or procedures.

Endodontic Fillers: Gutta-percha is the primary material utilized in root canal treatment. It is biocompatible, inert, and compatible with a range of sealers.²⁴ Bioceramics, which promote healing and sealing, are increasingly being used as an alternative.²⁵

Orthodontic Materials: Orthodontic brackets and wires are usually constructed from stainless steel due to its strength, durability, and flexibility. Ceramic brackets and clear aligners offer aesthetic alternatives for patients.²⁶

Orthodontic Wires

Source: Commonly made from stainless steel, nickel-titanium, or cobalt-chromium alloys.

Chemistry: The properties of these wires are influenced by their alloy composition; for instance, nickel-titanium wires exhibit shape memory characteristics, allowing them to return to a predetermined shape when heated.

KEY PROPERTIES OF DENTAL MATERIALS

Dental materials are evaluated based on their physical, mechanical, chemical, and biological properties to ensure their efficacy and safety in clinical applications. Understanding these properties helps clinicians select the most appropriate materials for each procedure.

Biocompatibility

Biocompatibility is the cornerstone of dental material safety. Materials must not cause irritation, inflammation, or systemic

toxicity. This is particularly critical for direct restorations, where prolonged contact with pulp and gingival tissues occurs.^{27,28}

Example: Titanium, commonly used in implants, exhibits excellent biocompatibility due to its ability to form a stable oxide layer that resists corrosion and promotes osseointegration.¹⁵

Emerging Trend: The development of bioactive materials like calcium silicate cements, which actively encourage tissue healing, has significantly enhanced biocompatibility.²⁹

Aesthetic Properties

Aesthetic appeal is a crucial factor in modern dentistry, especially for anterior restorations. Dental materials must mimic the natural translucency, color and texture of teeth.

- **Resin Composites:** Nanohybrid composites provide superior aesthetics by closely matching tooth shades and enabling easy polishing.¹¹
- **Ceramics:** Lithium disilicate and zirconia ceramics are highly preferred materials for crowns and veneers due to their exceptional color stability and superior light transmission properties.³⁰
- **Challenges:** Achieving shade-matching under varying light conditions remains a technical challenge and subject of ongoing research.³¹

Mechanical Properties

Materials used in the oral cavity must withstand biting forces, temperature fluctuations, and long-term wear. The following mechanical properties are critical:

- **Compressive Strength:** Necessary for materials in posterior restorations, such as zirconia, which can endure forces exceeding 1,000 MPa.³²
- **Hardness:** Impacts the material's resistance to scratching or indentation; enamel has a Vickers hardness of ~360 HV, serving as the benchmark for restorative materials.³³
- **Fracture Toughness:** Ceramics like zirconia are engineered for high fracture toughness, reducing the likelihood of catastrophic failure in crowns and bridges.³⁴

Adhesion and Bonding

Effective adhesion ensures longevity and prevents complications such as microleakage and secondary caries. Advances in adhesive dentistry have improved the bonding of materials to enamel and dentin.

Adhesive Systems: Current systems, such as self-etching primers, simplify the bonding process while maintaining high bond strength.³⁵

Research Spotlight: Universal adhesives that bond effectively to multiple substrates, including metal, ceramics, and dentin, are gaining popularity.³⁶

Chemical Properties

Chemical stability is essential to prevent degradation or leaching of harmful substances over time.

Example: Amalgam's stability is due to its low corrosion rate; however, concerns over mercury release have prompted the shift to alternative materials.¹²

Advancements: Resin composites with high filler content exhibit enhanced resistance to hydrolytic degradation in the oral environment.⁴

Ease of Handling

Ease of use directly impacts clinical outcomes and procedural efficiency.

Example: Bulk-fill composites allow the placement of restorations in fewer increments, reducing chair time while maintaining performance.³⁷

Emerging Technologies: Light-curing materials with extended working times are being developed to address challenges in multi-step procedures.³⁸

The Table 1 below summarizes the physical, mechanical, and biological properties of common dental materials. These materials include composites, ceramics, metals, and polymers, each tailored for specific dental applications.³⁹

ADVANCES IN DENTAL MATERIALS

Advancements in dental materials have transformed clinical practice, making treatments more effective, aesthetic, and durable. Recent innovations are driven by the integration of technology, biomimicry, and material science.

Nanotechnology in Dental Materials

Nanotechnology has revolutionized restorative dentistry, particularly in composite resins. The inclusion of nanoparticles as fillers improves mechanical properties, wear resistance, and aesthetics. For instance, nanohybrid composites have superior polish retention and translucency compared to traditional hybrids, making them ideal for anterior restorations.^{4,11}

Example: Nano-hydroxyapatite is being studied for its ability to promote enamel remineralization in preventive care, with early results showing potential for reducing early carious lesions.⁴⁰

Smart Materials

Smart materials are engineered to respond dynamically to changes in the oral environment, such as pH or temperature.

These materials can release fluoride ions under acidic conditions, helping to prevent demineralization and caries progression.⁴¹

Example: Glass Ionomer Cements (GICs) infused with bio-responsive particles can adapt their ion release based on the patient's dietary habits, maintaining oral health more effectively.⁴²

Bioactive Materials

Bioactive materials have a beneficial interaction with biological tissues, supporting healing and tissue regeneration. Examples such as bioactive glass and Mineral Trioxide Aggregate (MTA) are frequently utilized in endodontic procedures due to their capability to stimulate the formation of dentin.^{43,44}

Example: Bioactive glass ionomers are now being developed for restorative purposes, combining fluoride release with tissue-regenerative properties.

Digital Dentistry and Material Integration

The advent of 3D printing and CAD/CAM systems has redefined the fabrication of dental restorations. Materials such as zirconia, hybrid ceramics, and resin-based composites are now designed specifically for digital workflows, ensuring precision and efficiency.⁴⁵

Example: Monolithic zirconia crowns fabricated through CAD/CAM systems exhibit high fracture toughness and excellent marginal fit, outperforming traditional ceramics in durability tests.⁴⁶

APPLICATIONS AND CLINICAL PERFORMANCE

Dental materials are pivotal to the success of a wide range of dental procedures. Their applications extend across restorative dentistry, prosthodontics, orthodontics, endodontics, and preventive care. Clinical performance depends on factors such as material selection, patient-specific conditions, and technique sensitivity.

Restorative Dentistry

Dental materials are central to restoring function and aesthetics in patients with carious lesions, fractures, or other structural defects.

Composite Resins: Composite resins are the top choice for direct restorations because of their outstanding aesthetic appeal and strong ability to bond with both enamel and dentin. Innovations in nanotechnology have enhanced their wear resistance, making them ideal for use in both anterior and posterior restorations.^{4,11} Clinical studies indicate a 90% survival rate for well-placed composite restorations over a 10-year period in low caries-risk patients.⁴⁷

Amalgam: Despite being less commonly used, amalgam remains a cost-effective option for posterior restorations, particularly

in high-load areas. Its clinical performance is unmatched in durability, often lasting more than 15 years in service.⁸

Glass Ionomer Cements (GICs): GICs are effective in pediatric dentistry and as liners due to their fluoride-releasing properties and chemical bonding with tooth structure.^{6,14}

Prosthodontics

Prosthodontics relies on a combination of materials for fabricating fixed and removable prostheses.

Zirconia: Monolithic zirconia crowns and bridges are widely used for their fracture toughness, excellent marginal fit, and wear resistance. Studies demonstrate that zirconia prostheses have a five-year survival rate exceeding 95%.^{17,48}

Lithium Disilicate Ceramics: Lithium disilicate crowns are favored for anterior restorations because of their high translucency and color-matching capabilities. Their success is attributed to high flexural strength and advancements in CAD/CAM technology.³⁰

Polymers and Denture Bases: High-impact acrylic resins are commonly used in complete and partial dentures, providing adequate strength and patient comfort.¹⁸

Orthodontics

Materials in orthodontics are essential for aligning teeth and correcting malocclusions.

Metal Brackets and Wires: Stainless steel is widely used material due to its flexibility, corrosion resistance, and strength. Nickel-titanium wires exhibit shape memory and superelasticity, enabling efficient tooth movement.^{49,50}

Ceramic Brackets and Clear Aligners: For aesthetic orthodontics, ceramic brackets and aligners made of transparent polymers provide discreet treatment options with comparable clinical performance to traditional methods.^{51,52}

Endodontics

Endodontic materials play a vital role in ensuring the success of root canal procedures and periapical healing.

Gutta-Percha: It is used as a root canal filling material, gutta-percha is biocompatible, inert, and easily retrievable if retreatment is needed. Its clinical performance is enhanced by the use of resin-based sealers, which ensure complete sealing of the root canal system.^{24,44}

Bioceramics: Bioceramic sealers and Mineral Trioxide Aggregate (MTA) are revolutionizing endodontics by promoting periapical healing and providing superior sealing capabilities compared to traditional materials.⁵³

Preventive Dentistry

Materials in preventive dentistry aim to protect teeth from decay and disease, especially in high-risk populations.

Sealants: Resin-based sealants are highly effective in protecting children and adolescents from pit and fissure caries. Studies report caries reduction rates of up to 80% when sealants are applied properly and maintained.^{22,54}

Fluoride Varnishes: Widely used in caries management, fluoride varnishes deliver high concentrations of fluoride directly to the enamel, promoting remineralization and reducing demineralization.⁵⁵

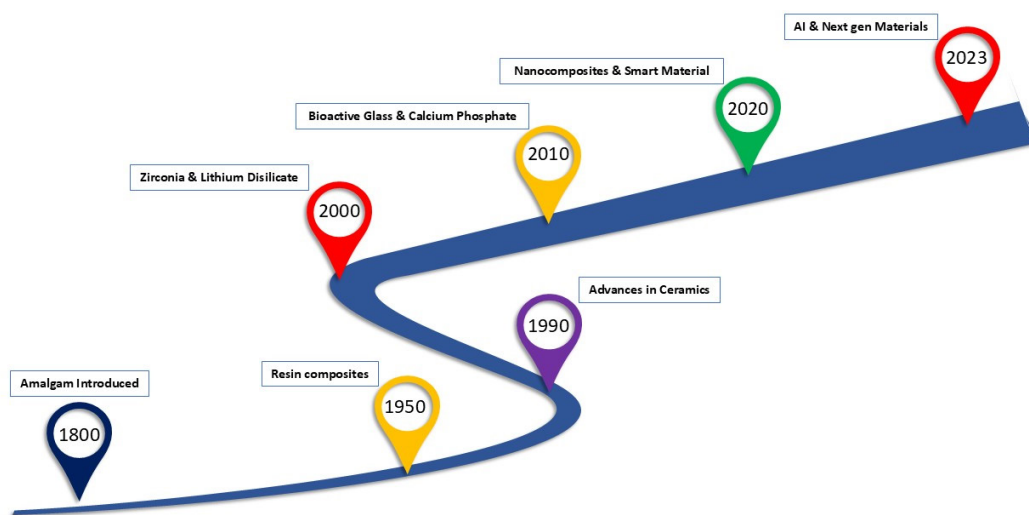


Figure 1: Milestones of Evolution of dental material. Milestones in the Evolution of Dental Materials.

Emerging Applications

Innovations in material science are broadening the applications of dental materials in both therapeutic and aesthetic procedures.

Digital Dentistry: CAD/CAM-fabricated restorations using zirconia, hybrid ceramics, and composite blocks have improved precision and reduced chairside time.^{45,46}

Regenerative Dentistry: Biomaterials, such as hydrogels and bioactive scaffolds, are being explored for their ability to regenerate lost dentin and enamel. These advancements hold promise for minimally invasive treatments.^{43,56}

COMPARISON OF CONVENTIONAL AND MODERN MATERIALS

The evolution of dental materials has shifted the focus from durability and basic functionality to aesthetics, biocompatibility, and patient-specific needs. This section compares conventional and modern dental materials mentioned in Table 2, across various attributes, highlighting the progress in dental material science.

Aesthetic Properties

Conventional materials such as amalgam and metal-based prosthetics prioritized functionality but lacked aesthetic appeal. Modern materials like resin composites and all-ceramic restorations are designed to mimic natural tooth appearance, achieving translucency and color matching.

Conventional Materials: Amalgam restorations, though highly durable, exhibit a metallic appearance that is visually unappealing, especially in anterior restorations.¹²

Modern Materials: Nanohybrid and nanofilled composites offer superior shade-matching and polish retention, making them ideal for aesthetic restorations. Ceramics such as lithium disilicate and zirconia provide natural translucency and high color stability.^{11,17}

Mechanical Properties

Conventional materials were developed to withstand masticatory forces but often fell short in their resistance to fatigue and wear. Modern materials combine high strength with durability to cater to demanding oral conditions.

Conventional Materials: Metals, such as gold and amalgam, exhibit excellent strength and longevity but are susceptible to corrosion and poor adhesion.⁵⁷

Modern Materials: Advanced ceramics and zirconia outperform metals in wear resistance, with high fracture toughness and minimal degradation over time.^{5,46}

Biocompatibility

Biocompatibility has become a key consideration in material selection. While conventional materials were chemically stable, some posed risks of irritation or adverse systemic effects.

Conventional Materials: Amalgam has faced criticism for mercury exposure concerns, despite its clinical reliability. Similarly, nickel in certain alloys can cause allergic reactions.²⁸

Modern Materials: Bioactive materials, such as calcium silicate-based cements and bioactive glass, promote healing and tissue regeneration. These materials are inherently safer and more compatible with oral tissues.⁵³

Adhesion and Bonding

Modern adhesive systems have greatly improved the integration of restorative materials with tooth structures, addressing the limitations of conventional approaches.

Conventional Materials: Amalgam relied on mechanical retention rather than chemical bonding, often necessitating removal of healthy tooth structure to create retention grooves.²⁴

Modern Materials: Resin-based composites and glass ionomers bond chemically to tooth structures, preserving natural enamel and dentin. Universal adhesives now simplify the bonding process across different substrates.^{36,41}

Longevity and Performance

While conventional materials were durable, they often failed due to marginal leakage or aesthetic failure. Modern materials balance longevity with aesthetics and functional performance.

Conventional Materials: Gold alloys and amalgam are renowned for their longevity, with clinical lifespans exceeding 15 years but suffer from poor aesthetics and patient acceptance.

Modern Materials: Contemporary zirconia crowns and high-performance composites last over a decade, with minimal risk of discoloration or mechanical failure.^{4,30}

Environmental And Patient Safety

With growing awareness of environmental impact and patient health, modern materials emphasize sustainability and safety.

Conventional Materials: Amalgam disposal poses environmental concerns due to mercury pollution, prompting its phasedown in many regions under the Minamata Convention.⁵⁸

Modern Materials: Resin composites and bioactive cements are mercury-free and have a smaller environmental footprint. Additionally, CAD/CAM systems minimize waste by optimizing material use.⁴⁵

RECENT ADVANCES, CHALLENGES AND LIMITATIONS

Recent advances in dental materials have significantly transformed the landscape of dentistry, leading to improved treatment outcomes and enhanced patient experiences. Here are some key developments and future prospects:

Nanotechnology: Innovations in nanocomposites have resulted in materials with superior mechanical properties, aesthetics, and wear resistance. The incorporation of nanoparticles enhances the strength and longevity of restorative materials, leading to better performance in clinical settings.

Bioactive Materials: The development of bioactive materials such as calcium silicate cements has been a game-changer. These materials actively promote tissue healing and remineralization, making them especially useful in restorative and endodontic treatments. They provide therapeutic benefits beyond traditional restorative functions.

Digital Dentistry: The integration of digital technologies like CAD/CAM systems has revolutionized the fabrication of dental prosthetics. This technology allows for precise design and manufacturing of restorations, improving fit, reducing chair time, and enhancing patient-specific customization.

Sustainability Initiatives: There is a growing focus on developing eco-friendly dental materials. Research into biodegradable and recyclable materials aims to minimize the environmental impact of dental practices. For instance, the creation of resins free from harmful substances such as Bisphenol-A (BPA) is gaining attention in the industry.

Smart Materials: Emerging materials with self-healing capabilities are being developed to autonomously repair microcracks, which can prolong the lifespan of restorations and reduce the need for replacements.

Despite significant advancements in dental materials, several challenges and limitations persist that impact their clinical performance and longevity. Understanding these issues is essential for improving existing materials and developing innovative solutions.

Biocompatibility Concerns

While many dental materials are biocompatible, some may still cause adverse reactions.

Allergic Reactions: Metals like nickel, commonly used in alloys for crowns and orthodontic wires, are associated with allergic reactions in sensitive patients.^{59,60}

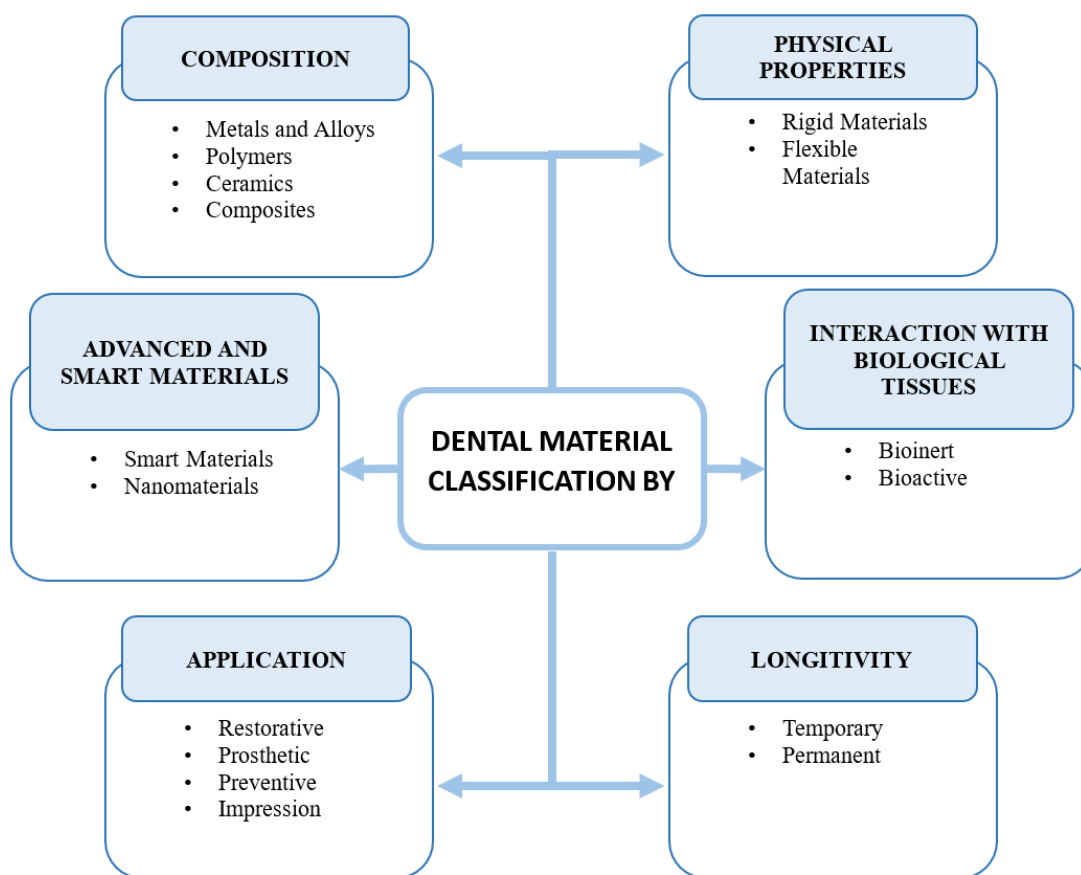


Figure 2: Key Factors Influencing Dental Materials selection in Modern Dentistry. Key Determinants Guiding Dental Material Selection.

Table 1: Properties of dental materials.

Material	Strength	Aesthetic	Durability	Biocompatibility	Application
Composite	Compressive Strength: ~250 MPa	Highly aesthetic; matches tooth color	Moderate, susceptible to wear	Generally biocompatible; monomer release may cause mild irritation	Direct restorations, veneers
Ceramics	High compressive strength (~1000 MPa for zirconia)	Excellent aesthetics (translucency mimics enamel)	Long-lasting but brittle under tensile stress	High biocompatibility	Crowns, bridges, inlays, veneers
Metals	Very high strength (e.g., gold ~150 MPa; cobalt-chromium ~2000 MPa)	Limited; requires external coatings	Extremely durable; corrosion-resistant	Inert but concerns with mercury in amalgam	Crowns, bridges, frameworks
Polymers	Low strength compared to other materials (~100 MPa for PMMA)	Moderate aesthetics; can be tinted	Moderate; prone to fracture and deformation	Generally good but may cause allergic reactions	Denture bases, temporary crowns
Bioactive glass	Moderate mechanical strength (~200 MPa)	Low aesthetics; used internally	Long-lasting and promotes remineralization	Bioactive; enhances tissue interaction	Root canal fillers, bone grafts
Smart materials	Varies (depends on material type, e.g., resin-based composites)	Aesthetic; similar to composites	Long-lasting due to self-repairing properties	Excellent; responsive to oral changes	Fillings, sealants

Toxicity: Resin-based composites release Bisphenol-A (BPA) and other monomers during polymerization, raising concerns about their long-term effects on health.^{61,62}

Emerging Challenge: The lack of comprehensive, long-term biocompatibility studies for newer materials, such as nanomaterials and bioceramics, limits their widespread adoption.⁶³

Mechanical Limitations

Dental materials are subject to intense mechanical forces, thermal fluctuations, and chemical exposure in the oral cavity.

Fracture and Fatigue: Despite improvements in ceramics like zirconia and lithium disilicate, these materials remain susceptible to fracture under high stress or repeated loading.^{64,65}

Wear Resistance: Composites and certain ceramics exhibit wear over time, especially when opposing natural enamel, which can compromise occlusal integrity.⁶⁶

Intraoral Environment: Saliva, pH fluctuations, and masticatory forces can degrade material performance, making durability a critical concern.

Adhesion and Microleakage

The success of many restorations depends on the quality of adhesion between the material and the tooth structure.

Bonding Challenges: Achieving a durable bond to dentin is particularly difficult due to its heterogeneous composition and moisture content.⁶⁷

Microleakage: Inadequate sealing at restoration margins can lead to microleakage, promoting recurrent caries and restoration failure.^{68,69}

Aesthetic Compromises

While modern materials offer improved aesthetics, challenges remain in achieving long-term color stability.

Discoloration: Composites can stain over time due to exposure to dietary pigments and tobacco.⁷⁰

Matching Complexity: Achieving seamless shade matching between the restoration and natural teeth, particularly in cases of translucency and fluorescence under different lighting conditions, remains challenging.⁷¹

Cost and Accessibility

Advanced dental materials often come at a high cost, which may limit their availability for patients.

High Costs: Materials like CAD/CAM-fabricated zirconia and lithium disilicate restorations can be prohibitively expensive for many patients.⁴⁵

Global Disparities: In low-resource settings, access to state-of-the-art materials is limited, forcing reliance on older materials like amalgam or GICs.⁷²

Environmental Concerns

Dental materials contribute to environmental challenges, including waste management and pollution.

Amalgam Disposal: Mercury from amalgam restorations has significant environmental implications, despite the implementation of amalgam separators.⁷³

Resin-Based Materials: The manufacturing and disposal of resin-based composites can result in microplastic pollution, raising ecological concerns.^{74,75}

Sustainability: The lack of biodegradable dental materials and reliance on synthetic substances pose long-term sustainability challenges.^{76,77}

FUTURE DIRECTIONS

The future of dental materials is being shaped by biotechnology, nanotechnology, Artificial Intelligence (AI), and sustainability. These innovations are expected to improve the strength, durability, and biocompatibility of dental restorations, making them more functional and patient-friendly. The key areas of development include regenerative dentistry, AI-based customization, smart materials, and eco-friendly solutions.

Future Scope

The future of dental materials is being shaped by biotechnology, nanotechnology, Artificial Intelligence (AI), and sustainability. These innovations are expected to improve the strength, durability, and biocompatibility of dental restorations, making them more functional and patient-friendly. The key areas of development include regenerative dentistry, AI-based customization, smart materials, and eco-friendly solutions.

Regenerative Dentistry and Biomimetic Materials

Stem Cell-Integrated Scaffolds

Currently, damaged teeth require fillings, crowns, or extractions, but future materials will focus on regenerating lost tooth structure rather than replacing it.

Scientists are developing biodegradable scaffolds made from collagen, hydrogel, and bioactive glass, which serve as a framework for stem cell attachment and differentiation.⁷⁸

These scaffolds encourage stem cells in the dental pulp to form new dentin, reducing the need for artificial restorations.

Hydrogel-Based Dental Fillings

Traditional dental fillings simply replace lost tooth material, but hydrogel-based materials could actively promote tissue regeneration.

Hydrogels infused with growth factors, proteins, and nanoparticles can stimulate new dentin and enamel formation, making restorations more natural and long-lasting.⁷⁹

Biodegradable Materials for Tissue Engineering

Modern dental implants are made from titanium, but they may eventually be replaced by biodegradable materials that dissolve as natural bone grows in their place.

These new materials, made from Polylactic Acid (PLA) or calcium phosphate-based composites, will reduce the need for second surgeries to remove implants.⁸⁰

AI-Optimized and Personalized Dental Materials

AI-Driven Material Selection3

Every patient has a unique bite force, occlusion (teeth alignment), and oral chemistry, making a one-size-fits-all approach to materials inefficient.

AI-based software will analyze patient-specific data from digital scans and saliva composition to suggest the best material for restorations.⁸¹

This will improve the longevity, comfort, and effectiveness of treatments like crowns, bridges, and implants.

3D-Printed Custom Restorations

Currently, crowns and dentures are made using traditional molds, which can be time-consuming and imprecise.

AI-integrated CAD/CAM (Computer-Aided Design/Manufacturing) and 3D printing will allow same-day restorations, reducing wait times for patients.

High-performance ceramic and polymer resins will be used in 3D printing to create precisely fitted restorations.⁸²

Wearable Dental Sensors

Future dental materials will incorporate biosensors that can monitor oral health in real time.

These materials, embedded in fillings, dentures, or orthodontic devices, could detect early signs of decay, infections, or excessive tooth grinding (bruxism).

The data from these sensors could be sent to a dentist remotely, helping in preventive care.⁸³

Table 2: Conventional vs. Modern Dental Materials.

Aspect	Conventional Materials	Modern Materials
Aesthetics	Metallic or opaque	Tooth-colored, translucent
Strength	High but prone to corrosion (e.g., metals)	High strength with wear resistance (e.g., ceramics)
Biocompatibility	Risk of allergic reactions (e.g., nickel)	Bioactive, promoting tissue regeneration
Bonding	Mechanical retention	Chemical bonding (e.g., adhesives)
Longevity	Durable but unaesthetic	Long-lasting with aesthetic appeal
Environmental Impact	Mercury concerns	Sustainable and mercury-free

Sustainable and Eco-Friendly Dental Materials

Biodegradable Dental Polymers

Traditional dental composites and acrylic resins are non-biodegradable and contribute to medical waste.

Future dental materials will be developed from plant-based biopolymers, which decompose naturally after their functional life ends.⁸⁴

Eco-Friendly Impression Materials

Impression materials like alginate and silicone are commonly discarded after use.

Researchers are working on sustainable alternatives made from biodegradable polysaccharides to reduce environmental impact.⁸⁵

Non-Toxic Resin-Based Composites

Many current dental resins release Bisphenol A (BPA), which has been linked to health risks such as hormone disruption.

Future materials will eliminate BPA and use biodegradable, bioinspired alternatives that mimic the structure of natural enamel without toxicity.⁸⁶

Next-Generation Adhesives and Bonding Agents

Self-Healing Adhesives

Over time, dental fillings and veneers can develop small cracks, leading to failure of the restoration.

Future adhesives will contain microcapsules filled with healing monomers, which automatically repair cracks when exposed to moisture or pressure.⁸⁷

Bioadhesive Peptides

Inspired by biological adhesion mechanisms (e.g., proteins that help cells stick together), bioadhesive peptides will form stronger bonds with enamel and dentin.

These peptides will reduce the chances of de-bonding and enhance the longevity of restorations.⁸⁸

Smart and Antimicrobial Dental Materials

pH-Sensitive Fillings and Sealants

Oral bacteria produce acidic byproducts, leading to cavity formation.

Future materials will be designed to release calcium, phosphate, or fluoride ions in response to pH changes, helping to neutralize acid and prevent decay.⁸⁹

Graphene-Enhanced Antibacterial Materials

Graphene, a highly durable, antimicrobial nanomaterial, will be used in dental composites, implants, and orthodontic brackets.

This material naturally prevents bacterial growth, reducing the risk of infections and secondary caries.⁹⁰

Improved Implant Materials and Surface Modifications

Titanium-Zirconium Implants

Titanium is widely used for dental implants, but zirconium-titanium alloys will offer better strength, reduced corrosion, and higher biocompatibility.

These alloys will be especially beneficial for patients with metal allergies.^{91,92}

Nanostructured Implant Surfaces

Future dental implants will have nanocoatings of Hydroxyapatite (HA) or bioactive peptides, which will enhance bone healing and osseointegration.

These coatings will shorten healing time and reduce implant failures.

Magneto-Responsive Implant Coatings

Some next-generation implants will feature magnetic nanoparticles that can be activated by external magnetic fields.

This stimulation will accelerate bone growth and improve implant stability.⁹³

Light-Activated and Energy-Responsive Dental Materials

Laser-Activated Bonding Agents

Current dental bonding techniques rely on chemical curing, which can sometimes lead to uneven adhesion.

Future bonding agents will be laser-activated, ensuring stronger and more uniform attachment to the tooth.⁹⁴

Piezoelectric Materials for Bone Regeneration

Piezoelectric materials generate small electric charges when subjected to mechanical stress.

When used in dental implants, these materials could stimulate bone cell growth, speeding up bone regeneration and healing.⁹⁵

The future of dental materials is rapidly advancing toward biocompatibility, intelligence, and sustainability. With innovations in stem cell therapies, AI-driven customization, self-healing adhesives, and antimicrobial technologies, dentistry is shifting from repair-based treatments to preventive and regenerative solutions. These developments will lead to longer-lasting, more natural and patient-friendly dental restorations, improving both oral health and overall well-being. Dental materials serve as the foundation of modern dentistry, enabling the prevention, diagnosis, treatment, and restoration of oral diseases. Technological advancements, including nanotechnology, digital workflows, and bioactive materials, have significantly enhanced their development and application. A deep understanding of material properties, classifications, and innovations allows dental professionals to make informed choices, optimizing clinical outcomes and patient satisfaction.

Key factors influencing material selection include biocompatibility, mechanical strength, aesthetics, and ease of handling. Restorative materials, such as nanohybrid composites and glass ionomer cements, are designed for both functionality and aesthetics, while advancements in prosthetic materials such as zirconia and high-strength ceramics have expanded treatment options, particularly for patients with high esthetic demands. The emergence of smart and bioactive dental materials further underscores the role of innovation in advancing preventive and therapeutic dental care.

The integration of digital dentistry, CAD/CAM technologies, and 3D printing has revolutionized modern dental restorations, improving precision, efficiency, and reducing chair time. Simultaneously, nanotechnology has enhanced the mechanical and aesthetic properties of dental composites, while advanced adhesive systems have strengthened bonding and minimized complications like microleakage.

Looking ahead, the evolution of dental materials will emphasize sustainability, enhanced biocompatibility, and multifunctionality.

The development of novel preventive materials, smart systems, and regenerative biomaterials is set to shape the future of restorative and prosthetic dentistry. Staying informed about these advancements is essential for dental professionals to ensure evidence-based decision-making and high-quality patient care.

Interdisciplinary collaboration among material scientists, dental researchers, and clinicians will be crucial in driving innovation toward sustainable, patient-centered solutions. As new technologies and research continue to push boundaries, dental materials will evolve to better replicate natural dental tissues, enhancing both function and esthetics.

CONCLUSION

The evolution of dental materials has profoundly transformed clinical dentistry, shifting the focus from basic restorative functions to advanced, patient-centered care. Through innovations in nanotechnology, bioactive compounds, digital fabrication techniques, and smart material science, dental treatments have become more durable, aesthetic, and biologically compatible. This review underscores the pivotal role of material selection based on clinical application, mechanical performance, biocompatibility, and handling properties.

Modern dental materials ranging from nanohybrid composites and CAD/CAM ceramics to bioactive cements and regenerative scaffolds are paving the way for minimally invasive, personalized, and sustainable approaches to oral healthcare. Despite the progress, challenges such as long-term biocompatibility, mechanical limitations, and environmental concerns remain and warrant further interdisciplinary research.

Looking ahead, the integration of artificial intelligence, regenerative biomaterials, and eco-friendly technologies is expected to redefine dental practices. By staying informed and adaptable, clinicians and researchers can ensure optimal patient outcomes while contributing to the ongoing advancement of dental material science.

ACKNOWLEDGEMENT

The authors express their heartfelt gratitude to Smt. Kishoritai Bhojar College of Pharmacy, Kamptee, Nagpur, for their invaluable support in the completion of this manuscript.

ABBREVIATIONS

CAD: Computer-Aided Design; **CAM:** Computer-Aided Manufacturing; **GIC:** Glass Ionomer Cements; **PVS:** Polyvinyl siloxane; **MTA:** Mineral trioxide aggregate; **BPA:** Bisphenol-A.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

SUMMARY

This review explores the pivotal role of dental materials in modern dentistry, emphasizing their applications, properties, and advancements. Dental materials are essential in various dental procedures, including restorative, prosthetic, endodontic, and preventive treatments. The choice of materials depends on their biocompatibility, mechanical strength, and aesthetic appeal. Recent innovations, such as nanotechnology, CAD/CAM technology, and bioactive compounds, have revolutionized the field by enhancing precision, durability, and functionality.

The article categorizes dental materials into restorative, prosthetic, impression, preventive, and specialized types, analyzing their performance in clinical applications. Restorative materials, like composites and glass ionomers, are vital for repairing teeth, while prosthetic materials, such as zirconia and ceramics, are ideal for crowns and bridges. Smart and bioactive materials, along with digital dentistry tools, are driving trends toward personalized and minimally invasive care.

Future directions highlight the integration of sustainability, smart technologies, and biomimicry in material development, with a focus on eco-friendly solutions and advanced tissue-regenerative materials. Understanding these advancements aids clinicians and researchers in delivering optimal dental care.

REFERENCES

- Kranjcic J, Poklepovic Pericic T. Advanced Dental Materials: From Design to Application. Materials (Basel). 2024; 17(15).
- The Importance of Dental Materials in Modern Dentistry-A Superb Digital Resource [Internet]. [cited 2024 Dec 16]. Available from: <https://visionincluded.com/the-importance-of-dental-materials-in-modern-dentistry/>
- Ohlsson E, Bolay C, Arabulan S, Galler KM, Buchalla W, Schmalz G, et al. *In vitro*-cytotoxicity of self-adhesive dental restorative materials. Dental Materials. 2024; 40(4): 739-46.
- Ferracane JL. Resin composite-State of the art. Dental Materials. 2011; 27(1): 29-38.
- Kelly J, Benetti P. Ceramic materials in dentistry: historical evolution and current practice. Aust Dent J. 2011; 56(s1):84-96.
- Nicholson JW. Glass-ionomer dental cements: properties and applications. Biomaterials. 2021; 31(1): 30-45.
- Sutherland JK. Gold alloys for dental restorations: A review. Journal of Prosthetic Dentistry. 1965; 15(6): 1133-9.
- Bernardo M, Luis H, Martin MD, Leroux BG, Rue T, Leitão J, et al. Survival and reasons for failure of amalgam versus composite posterior restorations placed in a randomized clinical trial. The Journal of the American Dental Association. 2007; 138(6): 775-83.
- Bowen RL. Properties of a silica-reinforced polymer for dental restorations. The Journal of the American Dental Association. 1963; 66(1): 57-64.
- van Noort R. The future of dental devices is digital. Dental Materials. 2012; 28(1): 3-12.
- Mitra SB WDBH. An application of nanotechnology in advanced dental materials. Journal of the American Dental Association. 2003; 134(10): 1382-90.
- Bernardo M, Luis H, Martin MD, Leroux BG, Rue T, Leitão J, et al. Survival and reasons for failure of amalgam versus composite posterior restorations placed in a randomized clinical trial. The Journal of the American Dental Association. 2007; 138(6): 775-83.
- Sidhu S, Nicholson J. A Review of Glass-Ionomer Cements for Clinical Dentistry. J Funct Biomater. 2016; 7(3): 16.
- Mount GJ. Buonocore Memorial Lecture. Glass-ionomer cements: past, present and future. Oper Dent. 1994; 19(3): 82-90.
- Branemark PI. Osseointegration and its experimental background. J Prosthet Dent. 1983; 50(3): 399-410.
- Misch CE. Titanium in implant dentistry. Journal of Prosthetic Dentistry. 1990; 63(5): 705-13.
- DENRY I, KELLY J. State of the art of zirconia for dental applications. Dental Materials. 2008; 24(3): 299-307.
- Phoenix RD. Denture base resins: A review of polymerization techniques. Journal of Prosthetic Dentistry. 1999; 82(2): 204-9.
- Brown D. Polyvinyl siloxane impression materials: An overview. Compendium of Continuing Education in Dentistry. 2004; 25(12): 973-6.
- Walker MP. Properties of alginate dental impression materials. Journal of Prosthodontics. 2010; 19(2): 101-11.
- Feigal RJ, Donly KJ. The use of pit and fissure sealants. Pediatr Dent. 2006; 28(2): 143-50; discussion 192-8.
- Simonsen RJ. Pit and fissure sealant: review of the literature. Pediatr Dent. 2002; 24(5): 393-414.
- Van Meerbeek B, Yoshihara K, Yoshida Y, Mine A, J. DM, K.L. VL. State of the art of self-etch adhesives. Dental Materials. 2011; 27(1): 17-28.
- Schilder H. Filling Root Canals in Three Dimensions. J Endod. 2006; 32(4): 281-90.
- Parirokh M, Torabinejad M. Mineral Trioxide Aggregate: A Comprehensive Literature Review-Part I: Chemical, Physical, and Antibacterial Properties. J Endod. 2010; 36(1): 16-27.
- Nattrass C. IA. Conventional and self-ligating brackets: Are they different? American Journal of Orthodontics and Dentofacial Orthopedics. 2003; 123(6): 678-84.
- Schmalz G. Biological interactions of dental cast alloys with oral tissues. Dental Materials. 2002; 18(5): 396-406.
- Hensten-Pettersen A. Skin and mucosal reactions associated with dental materials. Eur J Oral Sci. 1998; 106(2 Pt 2):707-12.
- Camilleri J. Characterization of hydration products of mineral trioxide aggregate. Int Endod J. 2008; 41(5): 408-17.
- Conrad HJ, Seong WJ, Pesun JJ. Current ceramic materials and systems with clinical recommendations: A systematic review. J Prosthet Dent. 2007; 98(5): 389-404.
- Douglas RD BJ. Variation in shade match of dentin and enamel with different thicknesses of dental porcelain. Journal of Prosthetic Dentistry. 2002; 87(2): 144-50.
- Kelly J, Benetti P. Ceramic materials in dentistry: historical evolution and current practice. Aust Dent J. 2011; 56(s1):84-96.
- Craig RG, Peyton FA. Elastic and Mechanical Properties of Human Dentin. J Dent Res. 1958; 37(4): 710-8.
- DENRY I, KELLY J. State of the art of zirconia for dental applications. Dental Materials. 2008; 24(3): 299-307.
- Van Meerbeek B, Yoshihara K, Yoshida Y, Mine A, J. DM, K.L. VL. State of the art of self-etch adhesives. Dental Materials. 2011; 27(1): 17-28.
- Perdigão J, Swift EJ. Universal Adhesives. Journal of Esthetic and Restorative Dentistry. 2015; 27(6): 331-4.
- Ilie N, Hickel R. Investigations on a methacrylate-based flowable composite based on the SDRTM technology. Dental Materials. 2011; 27(4): 348-55.
- Rueggeberg F. Contemporary issues in photocuring. Compend Contin Educ Dent Suppl. 1999; (25): S4-15; quiz S73.
- Sivamani S, Anitha V, Nishat Fatima, Ramani S. Dental Materials: A Comprehensive Review of Evolution, Classification, Challenges and Future Prospects. Int J Curr Res Rev. 2023; 15(24): 9-16.
- Najibfard K, Ramalingam K, Chedjieu I, Amaechi BT. Remineralization of early caries by a nano-hydroxyapatite dentifrice. J Clin Dent. 2011; 22(5): 139-43.
- Van Meerbeek B, Perdigão J, Lambrechts P, Vanherle G. The clinical performance of adhesives. J Dent. 1998; 26(1): 1-20.
- Nicholson JW. Chemistry of glass-ionomer cements: a review. Biomaterials. 1998; 19(6): 485-94.
- Hench LL. The story of Bioglass®. J Mater Sci Mater Med. 2006; 17(11): 967-78.
- Torabinejad M. Mineral Trioxide Aggregate: Properties and Clinical Applications. J Endod. 2010; 36(3): 400-13.
- MIYAZAKI T, HOTTA Y, KUNII J, KURIYAMA S, TAMAKI Y. A review of dental CAD/CAM: current status and future perspectives from 20 years of experience. Dent Mater J. 2009; 28(1): 44-56.
- Sulaiman TA. Marginal adaptation of monolithic and bilayer CAD/CAM ceramic crowns. Journal of Prosthetic Dentistry. 2015; 114(5): 670-5.
- Heintze SD. Clinical longevity of direct and indirect restorations in posterior teeth: A systematic review. Dental Materials. 2011; 27(6): 636-50.
- Kelly JR. Zirconia-based restorations: Understanding clinical behavior. Journal of the American Dental Association. 2010; 141(3): 22-31.
- Proffit WR FH. Contemporary orthodontics. 5th ed. 2012.
- Kusy RP. Orthodontic biomaterials: from the past to the present. Angle Orthod. 2002; 72(6): 501-12.
- Trulove TS, Park JH, Hernandez-Orsini R, Rossouw PE, Puntillo AM, Rejman DJ, et al. 2023-2024 American Board of Orthodontics practice analysis study: Part 1. American Journal of Orthodontics and Dentofacial Orthopedics. 2024; 165(4): 383-4.
- Khanapure CC, Ayesha S, Sam G, Anil Kumar VJ, Deepika C, Ahmed H. Evaluation of different bracket's resistance to torsional forces from archwire. Journal of Contemporary Dental Practice. 2016; 17(7): 564-7.
- Camilleri J. Modification of mineral trioxide aggregate. Physical and mechanical properties. Int Endod J. 2008 Oct 10; 41(10): 843-9.
- Feigal RJ. The use of pit and fissure sealants. Vol. 24, Pediatric Dentistry. 2002.

55. Neelakantan P, John S, Anand S, Sureshbabu N, Subbarao C. Fluoride Release from a New Glass-ionomer Cement. *Oper Dent*. 2011; 36(1): 80-5.
56. BARTOLD PM, MCCULLOCH CAG, NARAYANAN AS, PITARU S. Tissue engineering: a new paradigm for periodontal regeneration based on molecular and cell biology. *Periodontol* 2000. 2000; 24(1): 253-69.
57. Sidhu S, Nicholson J. A Review of Glass-Ionomer Cements for Clinical Dentistry. *J Funct Biomater*. 2016; 7(3): 16.
58. Nicholson JW. Chemistry of glass-ionomer cements: a review. *Biomaterials*. 1998; 19(6): 485-94.
59. Khamaysi Z. Nickel allergy: Clinical manifestations and treatment. *Contact Dermatitis*. 2011; 64(3): 163-9.
60. Suryawanshi H, Hande A, Dasari AK, Aileni KR, AlZoubi I, Patil SR. Metal ion release from orthodontic appliances: Concerns regarding potential carcinogenic effects. *Oral Oncology Reports*. 2024; 10: 100309.
61. Michelsen VB, Kopperud HBM, Lygre GB, Björkman L, Jensen E, Kleven IS, et al. Detection and quantification of monomers in unstimulated whole saliva after treatment with resin-based composite fillings *in vivo*. *Eur J Oral Sci*. 2012; 120(1): 89-95.
62. Becher R, Wellendorf H, Sakhi AK, Samuelsen JT, Thomsen C, Bølling AK, et al. Presence and leaching of bisphenol a (BPA) from dental materials. *Acta Biomater Odontol Scand*. 2018; 4(1): 56-62.
63. Schmalz G, Galler KM. Biocompatibility of biomaterials - Lessons learned and considerations for the design of novel materials. *Dental Materials*. 2017; 33(4): 382-93.
64. AttW, Kurun S, GerdS, Strub JR. Fracture resistance of single-tooth implant-supported all-ceramic restorations: An *in vitro* study. *J Prosthet Dent*. 2006; 95(2): 111-6.
65. Quinn JB, Quinn GD, Sundar V. Fracture Toughness of Veneering Ceramics for Fused to Metal (PFM) and Zirconia Dental Restorative Materials. *J Res Natl Inst Stand Technol*. 2010; 115(5): 343-52.
66. HEINTZE SD, REICHL FX, HICKEL R. Wear of dental materials: Clinical significance and laboratory wear simulation methods -A review. *Dent Mater J*. 2019; 38(3): 343-53.
67. Van Meerbeek B, De Munck J, Yoshida Y, Inoue S, Vargas M, Vijay P, et al. Buonocore memorial lecture. Adhesion to enamel and dentin: current status and future challenges. *Oper Dent*. 2003; 28(3): 215-35.
68. Kidd EAM. Microleakage : a review. *J Dent*. 1976; 4(5): 199-206.
69. Deliperi S. Direct Fiber-reinforced Composite Restoration in an Endodontically-treated Molar: A Three-year Case Report. *Oper Dent*. 2008; 33(2): 209-14.
70. Cabadag` ÖG, Gönülol N. The Effects of Food-Simulating Liquids on Surface Roughness, Surface Hardness, and Solubility of Bulk-Fill Composites. *J Adv Oral Res*. 2021; 12(2): 245-53.
71. Falkensammer F, Arnetzl GV, Wildburger A, Freudenthaler J. Color stability of different composite resin materials. *J Prosthet Dent*. 2013; 109(6): 378-83.
72. Petersen PE, Bourgeois D, Ogawa H, Estupinan-Day S, Ndiaye C. The global burden of oral diseases and risks to oral health. *Bull World Health Organ*. 2005 Sep; 83(9): 661-9.
73. Berlin M. Mercury in dental amalgam: a risk analysis. *Neurotoxicology*. 2020 Dec ; 81: 382-6.
74. Mulligan S, Kakonyi G, Moharamzadeh K, Thornton SF, Martin N. The environmental impact of dental amalgam and resin-based composite materials. *Br Dent J*. 2018; 224(7): 542-8.
75. Chandran T, Vishnu U, Warriar AK. Microplastics in Dentistry-A Review. In 2021. p. 157-74.
76. Hackley DM, Luca J. Sustainability in Dentistry: An Overview for Oral Healthcare Team Members. *J Calif Dent Assoc*. 2024; 52(1).
77. Kumar A, Resident S, Gupta K, Upadhyay T. Smart Dental Material: A Review. *International Journal of Dental Science and Innovative Research* [Internet]. 2023; Available from: www.ijdsir.com
78. Ding RY, Cheung GS pan, Chen J, Yin XZ, Wang QQ, Zhang CF. Pulp Revascularization of Immature Teeth With Apical Periodontitis: A Clinical Study. *J Endod*. 2009; 35(5): 745-9.
79. Simon SRJ, Berald A, Cooper PR, Lumley PJ, Tomson PL, Smith AJ. Dentin-Pulp Complex Regeneration. *Adv Dent Res*. 2011; 23(3): 340-5.
80. Nomoto R, Takayama Y, Tsuchida F, Nakajima H. Non-destructive three-dimensional evaluation of pores at different welded joints and their effects on joints strength. *Dental Materials*. 2010; 26(12): e246-52.
81. Schwendicke F, Samek W, Krois J. Artificial Intelligence in Dentistry: Chances and Challenges. *J Dent Res*. 2020 Jul 21; 99(7): 769-74.
82. Rokaya D, Jaghsi A Al, Jagtap R, Srimaneepong V. Artificial intelligence in dentistry and dental biomaterials. *Frontiers in Dental Medicine*. 2024; 5.
83. Hua Z, Yu T, Liu D, Xianyu Y. Recent advances in gold nanoparticles-based biosensors for food safety detection. *Biosens Bioelectron*. 2021; 179: 113076.
84. Shinkai RSA, Biazzevic MGH, Michel-Crosato E, de Campos TT. Environmental sustainability related to dental materials and procedures in prosthodontics: A critical review. *J Prosthet Dent*. 2023.
85. Xu W, Wang X, Liu Y, Li W, Chen R. Improving fire safety of epoxy filled with graphene hybrid incorporated with zeolitic imidazolate framework/layered double hydroxide. *Polym Degrad Stab*. 2018; 154: 27-36.
86. Van Landuyt KL, Nawrot T, Geebelen B, De Munck J, Snauwaert J, Yoshihara K, et al. How much do resin-based dental materials release? A meta-analytical approach. *Dental Materials*. 2011; 27(8): 723-47.
87. Melo MAS, Cheng L, Zhang K, Weir MD, Rodrigues LKA, Xu HHK. Novel dental adhesives containing nanoparticles of silver and amorphous calcium phosphate. *Dental Materials*. 2013; 29(2): 199-210.
88. Muthiah M, Park IK, Cho CS. Surface modification of iron oxide nanoparticles by biocompatible polymers for tissue imaging and targeting. *Biotechnol Adv*. 2013; 31(8): 1224-36.
89. Spatafora G, Li Y, He X, Cowan A, Tanner ACR. The Evolving Microbiome of Dental Caries. *Microorganisms*. 2024; 12(1): 121.
90. SUZUKI Y, SHIMIZU S, WAKIT, SHIMPO H, OHKUBO C. Laboratory efficiency of additive manufacturing for removable denture frameworks: A literature-based review. *Dent Mater J*. 2021; 40(2): 265-71.
91. Sikora CL, Alfaro MF, Yuan JC, Barao VA, Sukotjo C, Mathew MT. Wear and Corrosion Interactions at the Titanium/Zirconia Interface: Dental Implant Application. *Journal of Prosthodontics*. 2018; 27(9): 842-52.
92. Grandin HM, Berner S, Dard M. A Review of Titanium Zirconium (TiZr) Alloys for Use in Endosseous Dental Implants. *Materials*. 2012; 5(8): 1348-60.
93. Guo Y, Wang XY, Chen YL, Liu FQ, Tan MX, Ao M, et al. A light-controllable specific drug delivery nanoplatform for targeted bimodal imaging-guided photothermal/chemo synergistic cancer therapy. *Acta Biomater*. 2018; 80: 308-26.
94. Ismail HS, Ali Al, Elawsya ME. Influence of curing mode and aging on the bonding performance of universal adhesives in coronal and root dentin. *BMC Oral Health*. 2024; 24(1): 1188.
95. Chaudhury A, Thomas G, Jose S, Joseph S, Krishna M, G S. The effect of diode laser on the shear bond strength of one step self adhesive systems to human dentin: An *in vitro* study. *IP Indian Journal of Conservative and Endodontics*. 2024; 9(4): 180-4.

Cite this article: Harane SA, Pati MK, Kale VV, Umekar MJ. Revolutionizing Dental Practice: A Review of Innovations in Dental Materials. *Indian J of Pharmaceutical Education and Research*. 2026;60(1):1-13.