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DISCUSSION OF RESULTS OF PERSONAL STUDIES IN THE USE OF MIL THERAPY IN THE TREATMENT OF TRAUMA TO THE ORAL MUCOSA

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Abstract: Inflammatory diseases of the oral mucosa are one of the most common pathological processes, which are the first protective reaction of the organism to the action of a harmful agent. The course of inflammatory diseases of the oral mucosa is governed by generally accepted laws, but it is also distinguished by a number of features that depend on the anatomical and physiological features of the structure of these tissues. The most common inflammatory diseases of the oral mucosa are stomatitis of various etiologies, gingivitis, traumatic injuries with the addition of infection, and others. It is noteworthy that about 90% of patients with this pathology seek medical attention at the stage of the chronic process, such situations complicate the treatment process and the choice of drugs.

Keywords: Oral mucosa, traumatic stomatitis, magnetic-infrared-laser (MIL) therapy, research results.

It is known that the course and outcome of the inflammatory process depends on the reactivity of the organism and the duration of exposure to pathogenic stimuli. The results of studies show that the frequent increase in this pathology, as well as the frequent early chronicity of the inflammatory process is associated not only with known local factors, but also with dysfunction of various systems of the body[1,5].

This fact confirms that the problem of inflammation of the oral mucosa is relevant not only for dentists, but also for immunologists, gastroenterologists, endocrinologists and other specialists. Various etiological factors of inflammation of the mucous membrane of the oral cavity determine the formation of a specific inflammatory pathology[2,3]. Thus, infectious-allergic, viral, autoimmune, and other theories are considered with the development of chronic recurrent stomatitis. In traumatic stomatitis, the association between Proteus, L-forms of staphylococci, streptococci, and the development of mono- and polyvalent bacterial allergies to Escherichia coli has been experimentally proven. Many patients with a history of this pathology are diagnosed with autoimmune diseases (ulcerative colitis, Crohn's disease, Beh?et's disease, etc.), functional disorders of the digestive system (gastritis, dysbacteriosis, constipation, diarrhea, biliary tract dyskinesia, etc.), endocrine diseases, systemic disorders are also included.

Another common inflammatory disease of the oral mucosa is acute and chronic gingivitis, usually caused by the accumulation of bacterial plaque on the teeth. Its development can be caused not only by improper orthodontic treatment, congenital malocclusion, but also a violation of the rules of prosthetics. These causes, along with improper care of teeth or dentures, lead to disruption of the biocenosis of the oral cavity. Here the direct stimuli are St. Oralis, B. Gingivalis et al. The triggers for the development of gingivitis are also bad habits, immunosuppressive conditions, malnutrition, diabetes, vitamin C deficiency and somatic diseases. Nevertheless, the main driving factor in the development of various forms of gingivitis are local factors: plaque accumulation and the formation of supra- and subgingival sediments[4,6].

Another common inflammatory pathology of the mucous membrane of the oral cavity is traumatic stomatitis, which occurs in acute and chronic forms. Acute injury,

short-term exposure to the traumatic agent, chronic - long-term exposure to the sharp edges of the teeth, removable dentures, prolonged continuous consumption of bitter or hot food. However, even in chronic traumatic stomatitis, the presence of factors influencing the course and form of the disease and the presence of somatic pathology are common, especially in young children[5,10].

In the available literature, we did not find statistical data reflecting the frequency and number of inflammatory diseases of the oral mucosa occurring as an independent disease or as a manifestation of a specific somatic pathology. Experts have long believed that the basis of many diseases of the oral mucosa is the influence of many exogenous and endogenous factors. In view of the above, we decided to study the complex treatment of traumatic stomatitis types, one of the inflammatory diseases of which is rare in stomatitis, but with negative consequences. In view of the above, in the diagnosis and treatment of various injuries of the oral mucosa, especially in the chronic stage, it is necessary to involve specialist dentists[7].

Despite the above, currently local therapy remains the mainstay in the treatment of inflammatory pathologies of the oral mucosa, which includes the creation of adequate hygienic conditions, elimination of possible traumatic agents, antiseptic and anti-inflammatory measures and recovery. We need to ensure normal microcirculation in the site of inflammation. A good outcome of treatment is a long rehabilitation period between complete elimination of acute inflammation or exacerbation of the chronic form of the disease. The most commonly used and well-proven agents in the treatment of traumatic stomatitis are Cholisal, Solcoseryl, and Metragil-Dent. The complex application of MIL therapy gives a very high efficiency[8].

Based not only on a number of literature data, but also on the results of existing clinical observations on the specific anti-inflammatory effects of collagen phytoplasts, the aim of our study was to study the course of inflammatory trauma of the oral mucosa using MIL therapy.

To achieve goals and objectives, we followed all patients with acute and exacerbated chronic trauma. We divided patients with traumatic stomatitis into 2 groups: primary and secondary groups. We treated the main group of patients with MIL therapy, and the additional group of patients with conventional therapy. Before starting treatment, we studied the hygiene and condition of the oral cavity organs as one of the main factors in the development of inflammatory diseases[1,9].

It was found that the level of hygiene (according to the Green-Vermilliona method) was "satisfactory" in 36 patients in group I (47.36%) and 23 patients in group II (35.38%). "Poor" oral hygiene was detected in 24 (31.54%) patients in group I and 19 (29.23%) patients in group II. The data obtained indicated the need for hygiene measures. Lessons and interesting conversations were organized for the children's parents to ensure proper oral hygiene.

Due to the presence of painful sensations, hygiene was difficult for many patients and they were prescribed generally accepted hygiene measures. The data obtained confirm that, although hygiene adherence improved after all interventions, it remained "satisfactory" in the majority of patients in both groups. This indicates that the use of toothbrushes, appropriate pastes and antiseptics is not sufficient to achieve the desired result in this group of patients. To do this, after the inflammatory process subsides and the symptoms of pain, the need for professional hygiene was mentioned[2,8].

In the study of indicators of the condition of the hard tissue of the tooth, the prevalence of caries in all groups was 100%, in group I the intensity was 8.7, in group II - 8.6. there were no significant differences in mean levels and in groups. All needy patients were explained, in addition to hygienic measures, to sanitize the oral cavity

and, if possible, eliminate all possible causes of inflammation (smoothing the sharp edges of teeth, correcting dentures, eliminating other irritants). We examined the condition of the mucous membrane of the gingival margin on the indicators of the gingivitis index, which reflects the severity of the inflammatory process. The data obtained in the study of the hygienic condition of the oral cavity, the severity of the inflammatory process show that no significant differences were observed in patients in the groups. This allows a comparative analysis of the therapeutic efficacy in the complex application of the MIL therapy we have selected[7].

We chose visual inspection methods as the most convenient in the clinic. In the study of infiltrate resorption rate, it was noted that this process was most active in group I patients treated with MIL therapy.

Here, the infiltrate can be explained by its anti-inflammatory effect 2 days faster than in group II (complex treatment with MIL therapy). Another important aspect of MIL therapy is that its ability to actively restore microcirculation is strong. Restoration of the integrity of the mucous membrane when damaged by inflammation or traumatic process is the final stage of the pathological process.

In a comparative assessment of the rate of regenerative process using MIL therapy, it was found to be more active in the primary and secondary groups (9 and 10 days, respectively). In the additional group, epithelialization of the affected mucosa was noted on day 11 of follow-up.

Complex treatment with MIL therapy with regenerative properties is also important. The effectiveness of MIL therapy at all stages of inflammation is the only method that has a multi-factor effect. From the data presented on visual control of the inflammatory process in the oral mucosa and their comparative evaluation, it can be concluded that the best results were recorded in the use of complex therapy with MIL therapy for therapeutic purposes. In addition, according to objective control methods (cytomorphological and photoplanimetric), the advantage of the anti-inflammatory effect of complex therapy with MIL therapy was once again identified. In the main group, 100% of epithelialization of oral mucosal lesions in patients was recorded on the 8th day of follow-up, in the additional group - 87.8% on the 12th day.

Photoplanimetric measurement data showed that in the main group of patients in the regenerative process on the 8th day in 100% of patients, in the additional group on the 12th day in 41% of patients detected the presence of individual areas.

Thus, according to objective observations, the advantage of the anti-inflammatory effect of complex treatment with MIL therapy has been proven.

Patients' dental health was assessed on a scale based on their answers to questions on the "Problems in Daily Life," "Eating Problems," and "Communication Problems" scales.

The decrease in the average score in the main group of the survey on the scale of "problems in everyday life" was 8.1 (45.3%), in the additional group - 2.5 (13.6%). The average score on the scale of "nutrition problems" decreased: in the main group - 7.7 (58.89%), in the additional group - 6.3 (49.6%). Similar data were obtained on the "Communication Problems" scale: a decrease in the average score in the main group by 1.1 (21.6%), an additional 0.6 (12%).

Thus, in a comparative assessment of dental quality of life before and after treatment related to oral health, it turned out to be similar to the data of clinical and laboratory indicators: the most obvious positive indicators were when using complex therapy with MIL therapy.

For complex treatment with MIL therapy, the treatment duration is 8 days. Daily treatment 10,000 (ten thousand) soums The average cost of treatment 80,000 The cost-

effectiveness of selected drugs based on 10-day treatment of patients with traumatic stomatitis confirmed the following: (eighty thousand) soums;

Based on the data obtained from the study, we can draw the following conclusion. Complex treatment with MIL therapy is an effective anti-inflammatory therapy for the treatment of inflammatory diseases of the oral mucosa, which has a complex effect on the pathogenetic relationships of inflammation. It is easy to use. However, the lack of significant differences in the conditions of this treatment, as well as the cost-effectiveness of the use of MIL therapy, make it the treatment of choice in the treatment of this pathology[1,2,9].

References.

1. Kamalova M.Q., Shari pova G.I. "British Medical Journal". London, 2021.- Vol.- 1, - № 2. - P. 165-173.
2. Kamalova M.Q., Shari pova G.I. Features of traumatic injuries of the oral mucosa: literature review // "Art of Medicine" International Medical Scientific journal. USA, 2021. - Vol. - 1, - Issue 2. - P. 105-117.
3. Kamalova M.Q., Shari pova G.I. Features of treatment and prevention of traumatic injuries of the oral mucosa in preschoolers // "Modern scientific solutions to urgent problems" International scientific and Practical Conference. Russia, 2021. pp. 223-226.
4. Kamalova M.Q., Shari pova G.I. Materials of the republican 31-multidisciplinary online distance conference on "Scientific and practical research in Uzbekistan" part-18. Tashkent, 2021. P. 11-13.
5. Kamalova M.Q., Shari pova G.I. Mechanical injuries oral cavity of early childhood children and preschool age // "Cutting Edge-Science" International scientific and practical conference. USA, 2021. - P. 7-8.
6. Kamalova M.Q., Shari pova G.I. Results of screening of traumatic injuries of the oral cavity of preschool children // Asian Journal of Multidimensional Research, Индия. 2021. Vol10, Issue8. - P. 32-36.
7. Kamalova M.Q., Shari pova G.I. Traumatic injuries of the oral mucosa in young children // "Tibbiyotdayangikun" scientific - abstract, cultural and educational journal. - Bukhara, 2021. - №3(35). - C. 117-121.
8. Shari pova G.I. Paediatric Lazer Dentistry // International Journal of Culture and Modernity ISSN: 2697-2131., Volume 12 (Jan 2022). -P. 33-37
9. Shari pova G. I. LIGHT AND LASER RADIATION IN MEDICINE // EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE Vol. 2 No. 1 (2022) EJ MMP ISSN: 2795-921X.-P. 31-36.
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