

The Complex Treatment of Chronical Generalized Progressive Parodontitis with Curiosine and Plasmic Therapy

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Abstract

Perodontology is the most important part of practical and theoretical stomatology. Between the periodontal pathologies the most popular are inflammatory diseases (gingivitis, parodontitis - especially chronical generalized progressive periodontitis or fulminant periodontitis) without any somatic nosologies. The periodontal inflammation almost begins with Gingivitis. It is characterized by undo of ligament tissues - which are situated around the teeth, by alveolar bone loss and by forming of periodontal recesses. During the treatment of chronical generalized progressive parodontitis, by us was applied absolutely new method - the complex inclusion of curiosine preparation and plasmic therapy.

Keywords: *periodontitis, gingivitis, curiosine, plasmic therapy*

Introduction

The first part of our experience - `Curiosine` has no analogies by the composition and influences; It is the organotrophical preparation, which includes Zinc and Hyaluronic acid. It is the glue-like, limpid solution, its pH=5-6. In laboratory conditions was proved, that during the healing of wounds, there was great demand for Zinc. In human organism the Zinc presents as a component of ferments, which take part in healing of wounds.

The Hyaluronic acid of `Curiosine` gets into contact with the fibrinous net and makes transitional matrix. Its stipulates activity and migration of granulocytes, macrophages and fibroblasts, also - proliferation of epithelial cells.

The solution of `Curiosine` is the local influencer, pathogenic preparation for treating of trophical ulcers, which have different genesis. `Curiosine` makes physiological conditions for tissue regeneration; Hearwith it has antimikrobia action to the Streptococcus, Staphylococcus aureus, Escherichia coli and so on.

From preferences of mentioned preparation the most important are:

It includes natural components; It enhances regeneration processes; provides prophylactics of inflammation; Reduces pain sensitivity and amount of exudation; we can use `Curiosine` in patients, which are sensitized to the other remedies.

The second component of our experiment is the plasmatrone `Arseli`.

Plasma - it is the high temperatured, partial ionisited gas. It includes whole spectrum of solar electromagnetic radiation. We use low temperatured plasma that is produced in semicircle unit during discharge in microplasmatrones where the inert gas (for example - Argon) is used as a plasma creating gas. Plasmatic area is high energetic and it is mechanical transferor of the heat.

For the first time in medicine, in surgery information about plasma was appeared in 1960-th. Until 1991 plasmatic units were named surgical tools - scalpels, the innovative name to the equipment was given by the Georgian authors. It was named plasmatic irradiator that

considered constitution of above mentioned plasmatic characteristics and their unification into new medical field - 'plasmatic therapeutics'.

In Georgia, particularly in the department of the Maxillo-facial Surgery of 4 Tbilisi hospital and in Clinical hospital of the Tbilisi Medical Academy since 1996 was used the microplasmatrone unit 'Arseli'. That one provides specialists with the possibility to influence the tissue to the plasmatic stream itself (the scalpel regime), as well as through a certain distance by the further neutral, excited stream, by the accompanying wide-spectrum electromagnetic irradiation and the biologically active ozone photolysis products with the helpful concentration of ozone in air, gotten through the ozone formed during the interaction of short wavelength part of this radiation with the air (the irradiation regime).

The experiment proves that the plasmatic therapy through its possibilities has great advantage over other traditional means of inflammatory processes treating. It provides high curative effect for the microbial associations. The positive result of these methods manifest themselves much faster then other treatment methods. The mentioned method creates non-favorable conditions for the cultivation for microbes, contributing to liquidation of the high-resistance microbe settlements, among them the anaerobes.

From the advantages of plasmic therapy the most important are:

It regulates microcirculation; it stimulates reparation regeneration; it increases the cells, which are resistance to pathologic agents; by the action of plasmic therapy, the time of treatment is shortened; reducing the using of antibacterial and other inflammation preparations; the days of illness are reduced too.

Materials and Methods

Patients		Sum.	Per Cent (%)	Successful Irradiation seances with Microplasmatic scalpel-irradiator
M	F			
8	7	15	38,46	5
5	2	7	17,94	4
2	4	6	15,38	3

Tab.1 Results of the usage of Microplasmatic scalpel-irradiator.

Effectiveness and success of complex treatment was shown on 71 persons (37 - female; 34 - male). We have treated patients in the department of Maxillo-facial Surgery of 4 Tbilisi hospitals and in dental clinic 'Alma-Dent'. The patients were divided into two groups: first group - control group n=39 persons (54,92%); Second - basic group n=32 patients (45,08%).

The traditional treatment course was holding to patients of control group. This course includes movement of gingival plaque, curettment of periodontal recesses, medication of periodontal tissues with antiseptic solutions. After these preparations, periodontal tissues submitted to influence of the Heparin-ointment and the Trichopol, also - parodontal bounds. In this case was introduces antibiotic-therapy.

To the second-group patients, with a traditional medicate, was holding a new method, which includes 'Curiosine' and Plasma-therapy.

Before and after treatment was caring out radiographical and microbiological search - to patients of both groups. Also, there was holding the clinical examination, the results of this search is shown in Fig.2.

On nine-month postoperation radiographs was shown bone regeneration in 27 cases of first group (69,23%) and 28 cases of the basic-group patients (87,5%).

Conclusions

From the results of the complex usage of 'Curiosine' and Microplasmatic scalpel-irradiator is shown successful treatment of Fulminat Periodontitis (Fig.1). The same conclusions were obtained from ' post-operative patients examination (Fig.2).

So, the new method of treatment of the Chronical Generalized Progressive Periodontitis may prove to be more practical in clinical dentistry.

The Time of Examination	Hygienic Index		PMA-Index (%)		The Depth of Periodontal Recesses (mm)	
	Basic group	Control group	Basic group	Control group	Basic group	Control group
Before the treatment	2,24 ±0,05	2,22 ±0,05	65,6 ±7,2	64,8 ±7,8	5,17 ±0,35	5,15 ±0,39
On 6-month post-operative examination	1,10 ±0,03	1,1 ±0,02	1,68 ±0,02	2,91 ±0,03	1,63 ±0,31	2,28 ±0,42
On 12-month Post-operative Examination	1,11 ±0,02	1,11 ±0,03	1,73 ±0,03	3,39 ±0,04	1,44 ±0,24	2,97 ±0,41

Tab.2 *The dynamics of clinical condition indices after the treatment of basic group and control-group.*

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Комплексное лечение хронического генерализованного прогрессирующего пародонтита с применением препарата "Куриозин" и плазменного потока

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Р Е З Ю М Е

При лечении хронического генерализованного прогрессирующего пародонтита использован новый метод - совместное применение препарата "Куриозин" и плазменной терапии. В отделении челюстно-лицевой хирургии тбилисской больницы №4 и стоматологической клиники "Alma-дент" обследован 71 пациент (37 женщин, 34 мужчин). Пациенты подразделены на две группы: I - контрольная группа - 39 человек (54,92%), II - основная группа - 32 пациента (45,08%). 18 больных - мужчины, 14 - женщины. Курс составлял 3-5 сеансов. Количество манипуляций определялось тяжестью патологического процесса. Курс традиционного лечения проводили пациентам контрольной группы, который включал устранение мягкого и твердого налета, кюретаж патологических карманов, медикаментозную обработку тканей пародонта, антибиотикотерапию. При лечении пациентов основной группы использовали препарат "Куриозин" и плазменную терапию. Установлено, что желанный эффект у пациентов основной группы составил 87,5% (n=28), а у пациентов контрольной группы - 63,29% (n=27). На основании анализа клинических данных считаем, что данный метод следует широко внедрить в практическую стоматологию.

Ключевые слова: *пародонтит, гингивит, куриозин, плазменная терапия*