



## METHODS OF INDIVIDUAL ORAL HYGIENE IN THE PREVENTION OF PARODONTAL DISEASES

Muydinova Barno Asqarovna

ASMI Assistant of the Department of therapeutic Dentistry

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### ABSTRACT

Analyzing the data of the literature, the author summarizes that the relationship between the state of the periodontium and the level of personal hygiene has an important meaning, and the role of the individual is to encourage the patient and prevent dental diseases. The note presents the results of a study of patients directed to preventive measures by dental hygienists.

**Relevance.** The active formation of the dental service in Uzbekistan for endless years goes along the path of technical improvement, the introduction of scientific thoughts into daily medical practice. However, these basic issues of the dental business, like oral hygiene and prevention, were solved suddenly, without the use of any special developments or comprehensive programs. Probably, the "scientific nature" of the 1st of the most important areas for dentistry consisted in a partial mention of the thesis about the need for systematic preventive examinations [3,4]. The program for the prevention of dental diseases as the main task in the work of a dentist has not been implemented for a long time. How to turn oral care for every inhabitant of Uzbekistan into a symptom of his own culture? How to arrange the introduction of preventive measures as a daily habit? How to instill in children and adults sustainable ability to use these funds? How to develop among the population the need for constant communication with a specialist? These questions remained open. It is not easy to change ingrained beliefs over the years, drive out the fears that came from youth and form fresh thinking! As a result, in real time, the majority of patients who applied for dental support, as a rule, suffer from various forms of periodontal disease.

Numerous studies [1,4,7,9] have shown that, in fact, 12% of the population have a healthy periodontium out of the number of patients who applied for dental support: 53% had initial inflammatory changes, 23% confirmed the initial destructive changes, and 12% of patients were diagnosed with periodontal loss of moderate and difficult degree. A test of the age categories of patients suffering from periodontal pathology has established, in fact, that the initial inflammatory and destructive changes in persons aged 25-34 years are seen in 38% and 23% in accordance with this. Destructive changes of an average and difficult degree in the provided group are strengthened 3 times more often than in persons younger than 25 years. In persons older than 35 years, moderate and severe periodontal disease is diagnosed in 75% of cases. The prevalence of periodontal disease in Uzbekistan ranges from 48.2% in young



people to 86.2% in people over 40 years of age. As a rule, in all patients aged 60-65 years, periodontal pathology is detected. According to the results of countless epidemiological studies of Russian and foreign creators, gingivitis is considered to be the most common periodontal pathology at a young age, and periodontitis in patients older than 30 years [3]. The reasons that provoke the formation of periodontal diseases are: dental deposits, the inaccessibility of primitive oral hygiene abilities, poor prostheses and fillings, dentoalveolar destruction, occlusal trauma, non-compliance with the structure of tissues of the vestibule of the oral cavity, features of oral breathing, the use of pharmaceutical substances, somatic pathology, non-compliance with compensatory devices of natural immunity, etc.

The experience accumulated in recent years shows that, in fact, it is impossible to prevent the progression of the pathology of the organs and tissues of the oral cavity by curative events. Thus, it is necessary to create and introduce into dental practice events for the prevention of periodontal disease. Ignoring countless publications that confirm the relationship between the state of the periodontium and the level of personal oral hygiene, as well as the presence of all kinds of hygiene products on the modern market, the degree of oral hygiene in the majority of the population remains unsatisfactory. To prevent periodontal diseases, competent oral hygiene is considered more effective and vital, including the study of the rules of oral hygiene, monitoring their implementation. A special meaning in the implementation of events that prevent periodontal pathology is given to the patient's constant motivation in the healing process [2,5,6,9].

**The purpose of the study.** The purpose of a true study is to increase the role of patient motivation in personal oral hygiene as a way to prevent periodontal disease.

Prevention is a system of municipal, public, hygienic and medical measures aimed at ensuring the highest value of well-being and preventing diseases of the oral cavity and the body as a whole. The leading goal of prevention is considered to be the destruction of the bases and the criterion for the appearance and formation of diseases, as well as an increase in the body's resistance to the influence of not very favorable moments in the environment. According to the systematization of the Global Health Organization, prevention is usually divided into primary, secondary and tertiary. Primary prevention - the introduction of methods and means to prevent the occurrence of dental diseases.

If the initial symptoms of loss were noticed, then as a result of preventive events, they have every chance of stabilizing or undergoing reverse development.

Primary prevention methods include:

- personal oral hygiene;
- Competent oral hygiene;
- endogenous introduction of fluorine substances;
- use of means of regional local prophylaxis;
- dental education of the population.

Individual hygiene takes into account the careful and constant removal of dental deposits from the planes of the teeth and gums by the patient himself with the support of all kinds of hygiene products (toothbrushes, toothpastes and gels, chewing gums, elixirs, rinses, interdental methods of oral hygiene). Therefore, the best method of preventing the development of periodontal disease is considered to be the absolute removal of plaque

through hygienic treatment of the oral cavity with the support of a toothbrush. Centuries-old clinical studies have shown that, in fact, when teeth cleaning is stopped, already after 7 days, patients experience embodied inflammatory processes in periodontal tissues [1, 8, 9].

**Materials and methods of study.** On the basis of the Andijan Regional Dental Polyclinic, I examined 40 people: between them 24 ladies and 16 men aged 18 to 30 years. The patients were admitted to the dental hygienist after the completion of the absolute sanitation of the oral cavity. Patients randomly undergoing examination were divided into 2 groups: Group I (main) consisted of 12 patients with catarrhal gingivitis and mild periodontitis; Group II (control) consisted of 8 patients with initial symptoms of gingivitis (bleeding gums when brushing teeth). Examination of sick patients included:

- calculation of the severity of gingivitis according to the papillary-marginal-alveolar index (PMA);
- assessment of the value of oral hygiene according to the facilitated index of oral hygiene (IGR-U) by the method of staining with the color substance
- analysis №3 (VladMiVa company),
- demonstration of staining and explanation of the main role of the microbial factor in the onset and development of inflammatory periodontal diseases. During the examination, the IGR-U index in group I was 1.4 - 1.8; in group II - 1.2 - 1.5. The PMA index in group I was 59%; in group II - 35% (see table 1, diagram 1).

Table 1

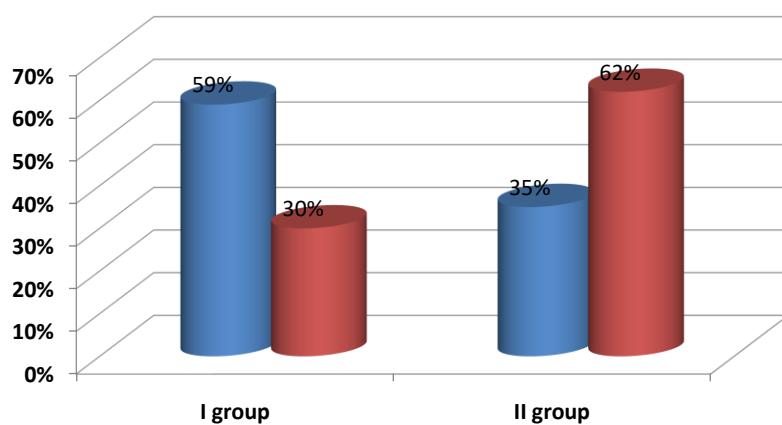
**Results of observations in the studied groups of patients**

Nº Group	IOH-U before hygiene PR	IOH-U a month later	PMA before hygiene OL	PMA a month later
I	1,37-1,75	0,48-0,78	39%	30%
II	1,18-1,45	2,28-2,78	35%	62%

Patients from group I underwent professional oral hygiene, teeth brushing training, and recommendations for oral care were given. For each patient, an individual oral hygiene plan was drawn up at home. At home, patients brushed their teeth 2 times a day and used additional oral hygiene products after each meal

- Sugar-free chewing gum (3 times a day after meals, duration 10-15 minutes);
- conditioners, elixirs;
- interdental oral hygiene products: flosses, irrigators. Patients of group I were trained in the standard method of brushing their teeth. To do this, you need to conditionally divide the entire dentition into 6 segments, that is, three segments on each jaw - the anterior and two lateral. Every time teeth cleaning starts from the upper jaw on the left, from the buccal plane of the teeth. Movements must be sweeping - from the gingival margin to the end of the tooth crown. The working head of a toothbrush, as a rule, covers 2 - 2.5 teeth, as one this number of teeth must be brushed with sweeping movements for 5 - 10 counts, that is, 5 - 10 sweeping movements in one space. After that, you need to gradually move towards the central section according to the same principle. After cleaning the buccal plane of the tooth, you need to start cleaning the chewing plane of the teeth - with reciprocating movements. A certain reprimand should be given to the chewing group of teeth, due to their own anatomical characteristics,

just this group of teeth is more susceptible to caries. It is impossible to leave without interest the lingual plane of the teeth, cleaning it must be realized according to the same principle, in fact, the cleaning of the buccal plane of the teeth - sweeping movements. Cleaning of the lower jaw should begin from the buccal side of the right lateral section, according to the same scenario, in fact, as on the upper jaw. Subsequently, the end of the cleaning of the lower jaw is considered to be the end of the massaging of the gums with radial movements with closed jaws. Further, the control of acquired abilities in patients was carried out. Patients from group II underwent competent oral hygiene. In the following, patients from the provided group did not use auxiliary methods of oral hygiene and brushed their teeth from time to time. A control method and an impartial examination were carried out through the moon. As a result, it was found that, in fact, patients from group I noted an important improvement, there were no symptoms of periodontal disease, the IGR-U index was 0.5–0.8, the PMA index was 28%. In group II, patients noted a shift for the worse, the examination revealed mild periodontitis in 3 patients, moderate severity in 1 patient, and an annoying odor from the mouth was noticed in 5 patients (table diagram 1).

**Diagram 1. PMA index in patients before and after treatment**

In the provided group, the IGR-U index was 2.3 - 2.8, the PMA index - 59% (table 1, diagram 1). When asked how much one brushed their teeth, 6 people answered 1 one per day and two - they didn't brush at all and didn't use auxiliary methods for oral care. This means that the precedent on the role of dental plaque in the etiology of periodontal diseases and the need for a personal layout for oral hygiene are confirmed. Patients who were not trained or who had not brushed their teeth noted an important shift for the worse. Patients who brushed their teeth in the normal way 2 times a day and used auxiliary methods for oral care noted improvement and did not notice the progression of the disease. In the direction of 2022, I accepted 750 people, of which 550 patients underwent competent hygiene of all teeth, including remineralizing therapy. All patients were analyzed - control method of staining to



determine the value of oral hygiene. A personal study of the methods of oral hygiene was carried out in 750 people, additional prevention of caries by the method of enamel remineralization was carried out in 450 patients.

**Conclusion.** On the basis of the work carried out, it is possible to conclude that the main etiological moment of periodontal disease is following in the footsteps of accepting the microflora of the oral cavity. The inaccessibility of oral hygiene, or its poor quality as a leading risk point, leads to the development of gingivitis and caries. Thus, the issue of the prevention of dental diseases follows in the footsteps of considering it a burning issue and nostalgically requires further research and development of ways to prevent periodontal pathology. In real time, teaching oral hygiene follows in the footsteps of not only children, but also their guardians, for example only correctly choose high-quality hygiene methods with the support of a dentist, but also strictly observe the mode and technique of their use. Unfortunately, pediatricians, teachers, guardians do not have the necessary level of knowledge that is appropriate for progressive ideas on the prevention of oral diseases, as a result of this they do not have every chance to fully participate in hygienic education and education of children to prevent leading dental diseases, which I made sure in process [9]. We consider it our own professional task to competently motivate patients, especially those who have applied to a dental hospital for the first time, to observe painstaking oral hygiene with the introduction of preventive measures. To conclude the given task, presentations of the properties of oral care with the introduction of coloring mixtures, thorough explanations to patients of the role of the microbial factor in the occurrence and development of inflammatory periodontal diseases are used. We have no doubt, in fact, that constant, systematic work in this direction will without fail change the existing history in real time, and instead of doctors and prosthetists, the main work will fall on the shoulders of hygienists, and hygiene will lend its respectable space between all other medical sciences.

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