

## HIGH IZATIZON EFFICACY IN STOMATOLOGY

Gavrilyuk S.M., Mikheeva I.V., Thir G.A., Hutor I.L., Pechkovsky K.E.

*Stomatology Department of Medical Institute of Ukrainian Folk Medicine Association, Kyiv, Ukraine  
Institute of Health Promotion and Rebirth of People of Ukraine, Kyiv, Ukraine  
Institute of Molecular Biology and Genetics of NAS of Ukraine, Kyiv, Ukraine*

Izatizon was used in complex in the stomatology practice. According to the research results we assumed that this preparation has to be on point position in the prophylaxis and treatment of many stomatological diseases. Izatizon showed itself as a preparation of the wide activity spectrum with the significant curing effect. This effect was achieved due to combination of antiseptic, anti-inflammatory, antifungal, antiviral and keratoplastic characteristics. Izatizon gives a significant economical effect: decreasing the treatment time, it is handy in use (water solutions, spreads easily cope with other medications), does not lead to complications, allergies, reduces the number of visits to the doctor. No contraindications are shown. Main results are given in the table.

**Treatment of periodontitis.** Classical medications did not give us positive results in some cases of the treatment of the exacerbation of chronic periodontitis. Thus the tooth did not sustain the closure, edema, pain during the percussion, palpation in the projection zone of the root appeared. In such case during 3 visits wick drain with izatizon was placed in a well dilated canal, every other day this wick drain was changed and the tooth was stopped (provisional filling). There were no complaints during the next visit. During the examination we have determined that the root canals are clean, percussion and palpation are negative. This gave us the possibility to fill the root canals with cariosan or with other materials and to put a permanent filling. All this process took up three visits to the dentist.

Under the acute condition of chronic periodontitis and cystogranulomas, izatizon, as a paste was inserted into the granuloma. During the next visit the paste was removed from the root canal and it was filled with cariosan. There were no complications. The excess of the paste resolved in future.

**Table**

**The results of the izatizon application in the stomatology**

Stomatological diseases	Number of patients	Positive result	Complications
Chronic periodontitis	232	232	none
Exacerbation of Chronic periodontitis	53	51	2
Pulpitis	5	5	none
Acute deep caries	13	13	none

Gingivitis	34	34	none
Generalized periodontitis	6	6	none
Traumatic ulcer	12	12	none
Labial fissure	5	5	none
Flat leukoplakia of the lip	1	1	none
Herpes	2	2	none
Acute herpetic stomatitis	2	2	none
Chronic recurrent herpes	6	6	none
Moniliasis of cheilitis and moniliasis of angular fissure	3	3	none
Oral moniliasis	2	2	none

**Method of treatment of the exacerbation chronic periodontitis with izatizon.** During the first visit to the dentist the tooth was opened for the outflow of the exudation. Home recommendations: to rinse the mouth with soda solution (1 tea-spoon of baking soda for a glass of warm boiled water).

3 days later the medical treatment of root canals with aseptic solutions was carried out. Root canals were widened with the instruments if needed. Then wick drain with izatizon was placed into the root canals and the tooth was filled with dentine-paste.

The next day the dentist changed wick drains and closed the tooth for a week (provisional filling).

After the finishing of the control term, if the complaints and inflammation signs (percussion negative, absence of edema, exudation excreta and pain) were absent, the root canals were filled, cavity liner and permanent stopping were placed. There were no complications during the year.

**Treatment of the acute deep caries and traumatic pulpitis.** Taking in consideration the antiseptic qualities of izatizon and its antiphlogistic effect, we concluded that it deserves to be introduced to the medicinal pastes for the treatment of pungent deep caries and traumatic pulpitis. It is recommended to put izatizon to the bottom of the carious cavity or accidentally opened pulp horn. The paste was prepared extempore on the zinc oxide basis. After the finishing of the control period, in case of the absence of complaints, the provisional filling was removed up to 2/3, then the liner and permanent stopping were put.

**Treatment of simple gingivitis.** In case of simple gingivitis there were no patient complaints after the elimination of the disease cause and one-fold 10 min. izatizon application.

In more complicated situations izatizon was introduced into the paste formulation to obtain more effective result. It was applied to the alveolar appendix under the paraffin bondage in combination with other medications. (vitamins A, E, immunomodulators, etc.).

**Treatment of hypertrophic gingivitis.** 12 patients with infectious periodontitis together with symptomatic hypertrophic gingivitis or with one of the gingivitis forms (catarrhal or hypertrophic) have been treated by izatizon.

The results of the treatment give us the possibility to make the conclusion that given preparation has a high medicinal activity. Two mechanisms of action have the decisive meaning in the izatizon therapeutic effect: antiphlogistic and growth-inhibiting effect of the granulation tissue. Here is the clinical example.

Patient K. (case history 1954). Diagnosis: generalized periodontitis, I-II degree, acute clinical course, chronic hypertrophic gingivitis of the I-II degree, mixed form.

Fairly: gingival papilla of both jaws hypertrophied up to I and I-II degrees, swelled, with light bluish shade, they are bleeding a bit while light intubation. Over- and subgingival dental sediments are present in low quantity. The depth of paradental recesses is 3-5 mm. Tooth mobility – I degree. There is a bracket system on the upper-jaw that makes impossible the efficient oral hygiene. Moreover, low tooth coronas forward the contact of teeth with jaws. The microflora of paradental recesses is mixed. Protozoan is the outnumber (7-12 trychomonals in the visual field), fungi are presented in low quantity.

The doctor made the irrigation of the oral cavity with furacillin picked away dental sediments, made an application and lutemacia of pastes (boric ointment, trichopol, galascorbin, furazolidon) to the paradental accesses. All these procedures took 3 visits. As a result, the swell and the bleed disappeared, the bluish shade of papilla decreased, but the papilla hypertrophy persisted on the same rate. The clinic covering of some corona parts decreased for about 1 mm.

Later on five treatment sessions were held with the use of izatizon. Forms of the usage: preparation introduction to the paradental recesses with the help of wick drains or liquid ointment installation (the preparation was compounded with zinc oxide). Then a wound was dressed for 10-60 min.

As a result, the papilla hypertrophy decreased up to 1-2 mm, depending of the area (frontal or lateral). The better result was obtained after the use of the greater granulation number. There were no side effects after the izatizon application.

The given information proves the high multifarious effectiveness of izatizon in the stomatology.