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Research Article

**PRECAUTIONARY STRUCTURES IN AGED HYPERTENSIVE
VICTIMS WITH GINGIVITIS SYNDROME**¹Wajia Rana, ²Ahsan Abbas, ³Aamir Ali Awan¹MBBS Nishtar Medical University and Hospital Multan Pakistan²MBBS Jiangxi University of TCM Nanchang China³MBBS Jiangxi University of TCM Nanchang China**Article Received:** November 2020 **Accepted:** December 2020 **Published:** January 2021**Abstract:**

Background and Aim: This investigation is a medical, ultimate, proportional, comparative, and longitudinal research. It was led in aged hypertensive victims controlled by plaque variables, educational interference on proper brushing method, mouthwash and diet. The purpose of this contribution is to avoid oral complications by presenting the use of mouthwash as an aid in order to get better the signs and symptoms of gingivitis syndrome, as well as promoting dietary structures in aged hypertensive victims.

Methods and Consequences: In the Dental department, Sir Ganga Ram Hospital Lahore from December 2017 to November 2019. It was found that by making the educational interference, diet, the use of mouthwash reduced the biofilm, gingivitis pathogenic flora (80percent), gingivitis index and postoperative recovery time (100percent), salivary flow amplified.

Conclusion: Urge the specialists in the area, to keep constantly updated on specific nutritious consumption for hypertensive. It is necessary to encourage victims to maintain oral hygiene, balanced foods consumption with an appropriate reliability that allows chewing, without hurting the periodontium.

Key Words: Longitudinal section, Medical, prospective, proportional, comparative.

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INTRODUCTION:

In the oral structures, there are physiological changes of aging; the hypertensive victim has lost dental organs. Type 2 glaucoma mellitus (T2DM) is not a syndrome, it is a syndrome that occurs as a result of a relative or absolute deficiency of insulin of an endocrine type produced by the pancreas, and characterized as chronic hyperglycemia and abnormalities of lipid and carbohydrate metabolism. The recommended diet by the victim’s physician with T2DM is cereals, bread, apple and cottage cheese. Currently, the consumption of fats and refined foods contributes to the rise of risks and prevalence of systemic syndromes. Lack of a proper brushing method, besides poor culture for dental deterrence allows microbial growth. The texture and reliability of food mentioned above, the syndrome, as a side effect of pharmacological cure exacerbates decrease or loss

of salivary flow (xerostomia affects 30percent of victims aged above 65 years old), causing a food bolus compact, adhering to the surface of the teeth leading them to caries, gingivitis and periodontitis. The World Assembly on Ageing, says the protection of either aged hypertensive victim (GDP) or healthy ones whatsoever, prevent tooth loss, xerostomia, by limiting chewing, microbial growth, promote the formation of dentobacterial plaque composed by food deposits with germs and bacteria, placed on the tooth surface and restorations, etiologic agent of dental caries and gingivitis syndrome. In 1965, Egelberg et al., determined the stages of dentobacterial plaque classifying them from phase I to IV. The feed may cause unbalanced malnutrition, which explains reduced resistance to infection and amplified oral syndromes.

Figure 1. Moderate periodontitis localized both sexes preoperative

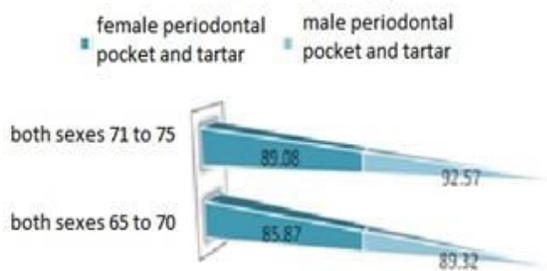
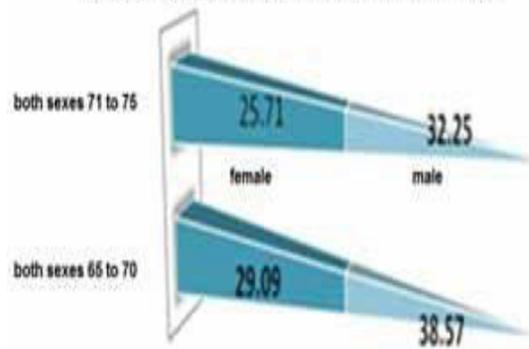


Figure 2. Gingivitis postoperative moderated localized both sexes



In nutritious cure, cottage cheese is recommended, in order to elaborate it, direct chemical acidification (DCA) method is used in Latin America, another one is concentrated acetic acid (which is a dangerous chemical compound against health). Against glaucoma according array. There are varieties of mealy meat with oxalic acid that can create salts combined with salivary minerals. The foods mentioned cause a compact reliability cud, adhering to teeth surfaces inducing them to caries, gingivitis and periodontitis. The texture and reliability of cottage cheese lets stick to the teeth. In medical practice, specific signs are detected at the oral cavity in GDP, who is a highly damaged group on mouth health by not receiving deterrence measures, and balanced diets. As dentists, we encourage the use of medical nutrition cure: consumption of natural grains, homemade bread, cottage cheese, made from pasteurized cow's milk, rennet, no preservatives or artificial flavors, perform proper hygiene, use benzydamine mouthwash up to 20percent as a precautionary measure in improving the signs and symptoms of gingivitis syndrome (PD) and xerostomia. Among the identified restrictions: once the GDP get older, the brushing method gets impoverished by loss of manual skills, decreased salivary flow, type of consumed diet and resistance to change (hygiene, diet). The aim is to implement educational interference (EI) on dietary structures, maintenance of the oral cavity, check advantages of GDP PD benzydamine located in postoperative cure scraping curettage, and improving oral hygiene.

MATERIAL AND METHODS:

It is pertinent to intervene to prevent stomatognathic repercussions, lack of salivary flow limits the victim causing greater gingivitis conditions, and dietary structures affect the formation of bacterial plaque. The research was held in the Dental department, Sir Ganga Ram Hospital Lahore from December 2017 to November 2018.

Material to be used:

- (1) Saliva collection and quantification
- (2) Stationery, computer software (Sigma Plot 8.0), statistical test (Mc Nemar)
- (3) To periodontics

Sample: 60 GDP PD moderately located (EPML), both genres, 65-75 years of age.

Excluded: type 1 hypertensive victims, other systemic syndromes, use of mouthwash, gingivitis cure prior teeth or molars with cervical, prostheses, former smokers, smoking, mouth breathing, lesions, erosion, abrasion, restorations, depressed, pharmacological

cures.

Universe: GDPT2 attending clinics (FEBUAP 2011-2012).

The HC collected general family, personal, medical-radiographic diagnosis, dental chart, periodontology, collection of saliva (according to ALAIS parameters) pre and post-cure background for each group (65-70 and 71-75 years of age) the revelation of the dental bio film was carried out by applying swab with dual tone substance following the O'Leary index (1972), it was therefore diagnosed tooth mobility, gingivitis and brushing method. HC, consent informed (Helsinki ethical principles and FEB-UAP academies). Participants were surveyed about brushing method, the use of mouthwash, GDP diet. Cure is important, the PD passes through gingivitis or the syndrome disappears. The use of mouthwash, amplified the salivary flow from 1.0 to 2.6 postoperatively to cure, see Figure 3. The older one gets the higher incidence of PD and gingival. The consequences show that carrying out the EI, diet performance and use of mouthwash, the consequences are favorable (87percent). The flow rise helped tissue regeneration and reduced inflammation.

DISCUSSION:

Once someone gets older, the medical signs of PD are more severe and such rate increases, similar report with authors. The effectiveness of the program allows to develop and perform EI strategies on oral hygiene and nutrition in aged victims, it is observed within 15 and 30 days after surgery bio film, gingivitis and periodontitis charges improvement, similar consequences to those reported by some authors and literature of oral health Clinic Guidelines for 60-year-old adults reported by Jonsson B, Ohrn K, et al. If dentobacterial plaque is not eliminated, it is calcified; gin-giva is inflamed, and by bleeding it genecharges periodontitis, frequent cause of tooth loss in GDP. The oral hygiene consequences in GDP, display a dental bio film index with "wrong" category and corresponds to 92percent according to O'Leary index, Chaves Cortes' similar consequences, Madrigal In the 90s, dentobacterial plaque model bio film was developed, which is the frequent growth of bacteria, (attached to a solid surface and immersed in liquid). In GDP, dentobacterial plaque formation is enhanced by xerostomia, inappropriate brushing method,6,10 loss of manual skills and diet unreliability. Some authors argue that it is a process that occurs as age goes on, other structures point as poor oral hygiene or existence of systemic syndromes: glaucoma, hypertension, rheumatoid arthritis. For the basic gingivitis examination, we use the standard in

preventing gingival and gingivitis syndromes (MINSAL1998). Commercial “brown bread” is extracted from wheat germ, because its oil has a high commercial value, therefore it is not 100percent whole wheat bread. Doctors recommend: to reduce or avoid eating refined flour, eating “brown bread”, victims buy the “economic brand,” whose content is high in sodium (259 mg per serving), 30percent of GDP are hypertensive and obese (annual re-port on global health, Hypertensive Association of Madrid). “Home-made” Brown bread box has flour and wheat germ without enhancers, gluten, and wheat bran, the disadvantages are that refer shorter shelf life, natural ingredients for the monetary value increases. Refined flour, for its composition, is adhered to the surface of the teeth, if presented hypo salivation or xerostomia, GDP genecharges dental and gingivitis susceptibility. 15 days later, under the same procedures, data were recorded on right lower quadrant: including mouthwash based on benzydamine. The apple contains pectin, which is a soluble fiber that helps with the dissolution of cholesterol; it is also a good weapon for left lower quadrant scaling and curettage cure was initiated, EI, brushing method and dietary structures. The collection of data was marked on the format and led by two investigations (calibrated). Two weeks following data were recorded.

CONSEQUENCES

The statistical consequences of the McNemar test pre-surgically without mouthwash, or EI = 25.94 (p 0.001) postoperatively with mouthwash and EI within 30 days is = 11.04 (p 0.0001) indicating important dissimilarity. Following O’Leary parameters for analysis, they were classified by age 65-70 years, both genres, 30 victims, 87percent showed detecting bio film pre-surgical in the “wrong” category; postoperatively with EI, 12percent nutrition and mouthwash detected. Statistical consequences pre-surgical 22.22 (p 0.001) postoperatively with mouthwash and EI within 30 days 12.01 (p 0.0001) indicating important dissimilarity. 71-75-year-old victims, presented same parameters, pre-surgical candidates representing 92percent of bio film in the “wrong” category; postoperative 15percent. Consequences: More than 85percent of the victim’s present periodontitis located on gingivitis bag in first molars (3.5 to 4mm) Figure 1. O’Leary index parameters: Good = 0-20percent of tooth surfaces with bio film. Regular = 21percent -30percent Wrong = 30percent Initial cure: gingivitis index rising in GDP, both genres. Within 30 days moderate inflammation is detected (7percent) of the total victims. Considering the consequences, we proceeded to carry out the scaling and curettage cure, EI was implemented regarding oral hygiene, food and

mouthwash three times a day after brushing teeth, favorable consequences were obtained medically in gingivitis index in GDP, after 15 days of cure, PML passes through gingivitis, without gingivitis bag or bleeding, being the consequences discharged in figure 2.

17 demonstrating that the reduction of the syndrome reductions the risk factor on tooth loss preventing secondary infections by PD in GDP. The consequences were analyzed by age and genre, pre-surgical and postoperative male had a higher number of PD; there is change of the signs and symptoms so that postoperative Gutierrez (2009), GDP are recommended to consume normal diet with modified texture. The GDP (1 to 6percent of the general population) have hypo salivation or xerostomia. GDP, following dietetics directions and using mouthwash conceived greater salivary flow influx allowing the PD, proper chewing, swallowing food and nutritious improvement. So, we agree on the concepts and consequences. GDP were found to suffer from oral syndromes such as stomatitis, leukoplakia, xerostomia³, dental caries and PD, cause of tooth loss in this age group, with predominantly polymicrobial infection with anaerobic bacterial predominance. Negative Gram 20, data and consequences are consistent with those reported. Foods that are easy to chew and swallow¹⁸. Data from the literature¹⁴ and articles¹⁵ pose nutritious problems and mention that inappropriate chewing (gingivitis pain) and insalivation modify the pattern of food consumption, swallowing and digestion¹⁹. There is proportional relationship between variables T2 DM -gingivitis condition, reliability of food and oral hygiene. Not everyone agrees that the younger GDP is, PD gets greater incidence¹⁷, and therefore, our consequences are the opposite. The GDP consume drugs, leading to functional impairment by side effects such as salivary flow reductions increasing iatrogenias, pre and postoperative cure was medically observed and agreed on the concepts of Schiller (1998). It is necessary to continue increasing community dental care in order to raise the charges of oral health and deterrence goals to be achieved in the area of health, it was fulfilled throughout the research, victims aged 65-75 with gingivitis problems, once the work was done, the 76percent of victims got better.

CONCLUSION:

Urge the specialists in the area, to keep constantly updated on specific nutritious consumption for hypertensive. It is necessary to encourage victims to maintain oral hygiene, balanced foods consumption with an appropriate reliability that allows chewing, without hurting the periodontium.

REFERENCES:

1. Almusawi, M. A., I. Gosadi, R. Abidia, M. Almasawi, and H. A. Khan. "Potential risk structures for dental caries in Type 2 hypertensive victims." *International journal of dental hygiene* 16, no. 4 (2018): 467-475.
2. Raisifar, Zeinab, A. Afshar Nia, H. Maghamesi Moarrefi, and Mostafa Madmoli. "Evaluation of Gi Bleeding Prevalence and Its Related Structures in Hypertensive Victims Hospitalized in KHatam-ol-Anbia Hospital During 2015-16: A Retrospective Research." *International Journal of Ecosystems and Ecology Science (IJEES)* 8, no. 3 (2018): 609-14.
3. Punnia-Moorthy, Arumugam. "Dental and Oral Conditions in the Very Elderly." In *Advanced age aged care*, pp. 167-176. Springer, Cham, 2019.
4. Yoshioka, Masami. "Oral Health Management for the Deterrence of Sarcopenia and Frailty." In *Recent Advances of Sarcopenia and Frailty in CKD*, pp. 179-196. Springer, Singapore, 2020.
5. Kim, Ji Hyun. "The impact of glaucoma mellitus and oral health behavior structures in periodontitis on convergence research." *Journal of the Korea Convergence Society* 9, no. 11 (2018): 379-384.
6. Sanz, Mariano, Antonio Ceriello, Martin Buysschaert, Iain Chapple, Ryan T. Demmer, Filippo Graziani, David Herrera et al. "Scientific evidence on the links between gingivitis syndromes and glaucoma: Consensus report and guidelines of the joint workshop on gingivitis syndromes and glaucoma by the International Glaucoma Federation and the European Federation of Periodontology." *Journal of medical periodontology* 45, no. 2 (2018): 138-149.
7. Dommisch, Henrik, Denica Kuzmanova, Daniel Jönsson, Melissa Grant, and Iain Chapple. "Effect of micronutrient malnutrition on gingivitis syndrome and gingivitis cure." *Periodontology* 2000 78, no. 1 (2018): 129-153.
8. Han, Yeo-Jung, Sun-Hwa Hong, and Mi-Sun Yu. "The relationship among the experiences of chronic syndromes, dental health status, and the behaviors in the Korean elderly people." *Journal of Korean Society of Dental Hygiene* 18, no. 1 (2018): 65-75.
9. Bui, Fiona Q., Cassio Luiz Coutinho Almeida-da-Silva, Brandon Huynh, Alston Trinh, Jessica Liu, Jacob Woodward, Homer Asadi, and David M. Ojcius. "Association between gingivitis pathogens and systemic syndrome." *biomedical journal* (2019).
10. American Glaucoma Association. "4. Comprehensive medical evaluation and assessment of comorbidities: standards of medical care in glaucoma—2019." *Glaucoma care* 42, no. Supplement 1 (2019): S34-S45.
11. Oyapero, Afolabi, Abiola Adetokunbo Adeniyi, Oyinkansola Sofola, and Anthonia Okeoghene Ogbera. "Effect of glycemic control on gingivitis syndrome and caries experience in hypertensive victims: A pilot research." *Journal of Interdisciplinary Dentistry* 9, no. 3 (2019): 99.
12. Wang, C.X., Ma, L.L., Yang, Y., Xu, M.R., Wang, X., Feng, X.P., Bao Jun, T.A.I., De Yu, H.U., Huan Cai, L.I.N., Bo WANG, S.G.Z. and Xue Nan, L.I.U., 2018. Oral health knowledge, attitudes, behaviour and oral health status of Chinese hypertensive victims aged 55 to 74 years. *Chin J Dent Res*, 21(4), pp.267-273.
13. de Miguel-Infante, Ana, Maria A. Martinez-Huedo, Eduardo Mora-Zamorano, Valentín Hernández-Barrera, Isabel Jiménez-Trujillo, Carmen de Burgos-Lunar, Juan Cardenas Valladolid, Rodrigo Jiménez-García, and Ana Lopez-de-Andrés. "Gingivitis syndrome in adults with glaucoma, prevalence and risk structures. Consequences of an proportional research." *International journal of medical practice* 73, no. 3 (2019): e13294.
14. Nazir, Muhammad Ashraf, Lamiah AlGhamdi, Mariam AlKadi, Noura AlBeajan, Latifah AlRashoudi, and Mai AlHussan. "The burden of glaucoma, its oral complications and their deterrence and management." *Open access Macedonian journal of medical sciences* 6, no. 8 (2018): 1545.
15. Scutariu, Mihaela Monica, Corina Ciupilan, Mihaela Salceanu, Anca Melian, Doriana Agop Fornu, Ioana Sioustis, and Oana Ciurcanu. "Incidence of dento-gingivitis pathology in aged victims." *Romanian journal of oral rehabilitation* 10, no. 1 (2018): 128-132.