

mental and physical activity alternation), fasting avoiding (it is unfortunately especially actual among modern girls and young women), vitamins and proteins consumption in enough dosage (people must know that vitamins are absorbed worth from artificial medicines than from natural goods and that carbohydrates can decrease vitamins absorption at alimentary tract). Also life style correction and psychological help must be involved at therapy course to such patients.

## **TO THE QUESTION ABOUT DIFFERENT PHYSIOLOGICAL AND PATHOLOGICAL STATES INFLUENCE ON GINGIVITIS COURSE**

Author: Vaidanifakhr Hossain - the 4<sup>th</sup>-yearred, 39<sup>th</sup> group dental department student

**Scientific supervisors: Sidash J.V., Tkachenko E.V.**

*Therapeutical Dentistry Propedeutics Department*

*Normal Physiology Department*

*The Highest State Educational Institution of Ukraine "UMDA", Poltava*

Insufficient feeding represents bigger danger to dental pathology occurrence than the excessive one. It deals with the fact that it is hard to treat or to prevent the disease in the first case. We will give several examples. Coenzyme Q that can be formed endogenously in an organism and is present in many goods can decrease temperature of inflamed gums and facilitate their repair. Its level decreasing serves as powerful pathogenetical mechanism for parodont diseases occurrence because it represents strong antioxidative effect. Also this chemical plays important role in injured gums pockets for infectioning decrease. Vitamin C helps to support our gums healthy. In part it prevents their bleeding and is considered to be significant anti-gingivitis nutrient. Also vitamin V is recommended for parodont diseases curation. Smoking can provoke or harden vitamin C deficiency. Besides its antioxidative features, vitamin C encourages gingival tissues integrity because of gums tissues strengthening (in part, due to participation in collagen biosynthesis). Cranberries prevent microbial penetration into urinary, alimentary organs as well as to teeth and gums. Calcium and silicon help to support our teeth and jaw bones strong. Folic acid is also gums effective protector – it decreases their inflammation and tendency to bleeding. Vitamin E can repair injured mucosae and works together with vitamin A.

Insulin-independent diabetes mellitus increases risk of acquired gingivitis: gums suffer in 3 times more frequently in the sick than in the healthy. Vessels are thickened at diabetes mellitus. It disturbs nutrients inflow and metabolism products outflow from the tissues and in turn leads to increased gingivitis risk. Carbohydrates are accumulated in plaques and serve as feeding environment for bacteria. Aphths and dryedness in oral cavity are represent also big problem in the sick with diabetes mellitus.

Periodontitis can increase probability to have heart disease. ¼ of the sick with gingivitis undergoes to heart pathology. 91% of people suffering from cardiovascular pathology also possess different-degreed periodontal pathology.

Disorders in oral cavity represent the earliest clinical manifestations in oral cavity. 70% HIV-infected have oral cavity HIV injuries. Gingivitis occurs in 5-10% of HIV-infected. HIV-dependent gingivitis has its distinguishing feature – red marginal limb on gums – so-called gingival erythema. HIV-periodontitis can lead to constant loosening of soft tissues and bones.

50-75% of future mothers are sick with gingivitis during pregnancy.