



CREATION OF ANTI STOMATITIS GEL IN THE TREATMENT OF STOMATITIS IN CHILDREN

Dilnora Saidjonovna Raxmatova

PhD, Assistant of the Department of Children's Dentistry,
Bukhara State Medical Institute
Bukhara, Uzbekistan

ABSTRACT

The most urgent problem of dentistry is diseases of the oral mucosa, both in adults and in children of all age groups. The oral cavity is an environment with a high potential for the development of inflammatory processes, since the mucous membranes are attacked by microorganisms in the first place. Stomatitis is a disease of the oral mucosa that occurs with an inflammatory reaction, which is characterized by all the classic signs of inflammation. The study of treatment methods is an integral factor in the development of relapses and the formation of chronic stomatitis in children.

KEYWORDS: Dentistry, Stomatitis, mucous membrane, oral mucosa, infectious pathology.

INTRODUCTION

One of the most common diseases of the oral mucosa is stomatitis. There are many causes of stomatitis. Among the most frequent are a decrease in immunity, untreated caries, gastrointestinal diseases, viral lesions or mechanical damage.

Stomatitis - inflammation of the mucous membrane and tongue, accompanied by the formation of redness, sores, plaque. Most often, stomatitis affects the inner sides of the cheeks, gums, tonsils, is located under the tongue and along its edges, on the lips.

The problem of diseases of the oral mucosa is one of the most important in dentistry. A special place in this problem is occupied by acute herpetic stomatitis, which accounts for more than 80% of all cases of diseases of the oral mucosa in children. In addition, acute herpetic stomatitis occupies one of the leading places in the structure of childhood infectious pathology, occurring more often than scarlet fever, measles, and mumps [1, 2].

A combination of methods of virological, serological and immunofluorescent studies proved that acute herpetic stomatitis is one of the clinical manifestations of primary herpes infection. It is known that about 70% of cases of the disease occur in children aged 1 to 3 years. This is due to the transitional period in the development of the child's immune system, when antibodies obtained from the mother intraplacentally disappear, nonspecific defense reactions continue to play the leading role in protection, and specific immunity reactions do not yet reach the required level of development. Among older children, the incidence is much lower due to acquired immunity after a herpes infection in its various clinical manifestations. Both the

structure of the mucous membrane in children and the activity of local tissue immunity are of great importance in the development of this infection, which is manifested mainly by lesions of the oral mucosa [8]. The high prevalence of acute herpetic stomatitis in children under the age of 3 years may be due to the high permeability of histohematic barriers during this period. In addition, children of this age are characterized by a thin epithelial cover with a low content of glycogen and ribonucleic acids, looseness and low differentiation of the basement membrane and fibrous structures of the connective tissue (abundant vascularization, high content of mast cells with low functional activity, etc.). [3, 4, 5]

Great importance in the pathogenesis of the disease is attached to the lymph nodes and elements of the reticuloendothelial system, which is consistent with the pathogenesis of the consistent development of clinical signs of stomatitis. The appearance of lesions on the mucous membrane of the mouth is preceded by lymphadenitis of varying severity. Most often, lymphadenitis is observed in moderate and severe stomatitis. As a rule, it is bilateral, more often the submandibular lymph nodes are involved in the process. However, in moderate and severe forms of the disease, simultaneous involvement of the cervical lymph nodes in the process is also possible. Lymphadenitis in acute herpetic stomatitis, as a rule, precedes the rash of lesions in the oral cavity, accompanies the entire course of the disease and remains for 7-10 days after complete epithelialization of the elements [6, 7, 8].

Immunological protection, its specific and nonspecific factors play a certain role in the resistance of the organism to the disease and its protective reactions. Studies of non-specific immunological reactivity proved violations of the body's protective barriers, which reflected the severity of the disease and the periods of its development. Moderate and severe forms of stomatitis led to a sharp suppression of natural immunity, which was restored 7-14 days after the clinical recovery of the child.

The development of acute herpetic stomatitis, like many other childhood infectious diseases, goes through 5 periods: incubation, prodromal, period of disease development, extinction and clinical recovery. The disease occurs in mild, moderate and severe forms. The severity of acute herpetic stomatitis is assessed by the severity and nature of the symptoms of toxicosis and lesions of the oral mucosa.

For the first time stomatitis makes itself felt at a fairly young age. It is important not to ignore the child's complaints about the feeling of discomfort in the oral cavity. It is very likely that the treatment of acute stomatitis left to chance will lead to chronic stomatitis. And then the disease will torment a person all his life, deliver a lot of unpleasant sensations, make swallowing unbearable when eating, drinking water, cause pain when talking, cause night awakenings. The symptoms of acute stomatitis are fairly obvious. A caring parent can easily notice redness in the child's tonsils, in the sky under the tongue - the first signs of an incipient disease. If you do not start treatment at this stage, quite soon a burning sensation will appear on the affected areas of the mucosa, micro-ulcers of an oval or round shape with a red halo are formed, causing severe pain. Usually in such cases, the child begins to complain of difficulty in swallowing, his appetite decreases, eating is accompanied by tears.

Stomatitis of the acute stage heals quickly. Proper and timely prevention of stomatitis reduces the risk of developing its more severe forms in the future. Symptoms of chronic

stomatitis: large ulcers that merge into one, increased salivation, plaque on the tongue, inflammation of the lymph nodes, fever, headaches, irritability, general deterioration in well-being, severe pain in the mouth that interferes with speaking, eating, swallowing.

Fundamentals of prevention of stomatitis

- Personal hygiene;
- Home cleanliness;
- Sanitation of the oral cavity;
- Refusal of bad habits (smoking, alcohol).

Principles of treatment of stomatitis strengthening of immunity (strengthening the body's defenses) anesthesia of the affected areas local impact on the affected areas treatment of healthy tissues use of agents that accelerate the epithelization of damaged areas.

Oral treatment technique for stomatitis

Any disease is easier to prevent in the earliest stages. If foci of redness or micro-ulcers appear in the oral cavity, disinfection of these areas should immediately begin. First brush your teeth thoroughly [9]. Then, using bactericidal agents, a cotton swab or a cotton pad, treat the affected area. After local treatment of redness or ulcers, rinse your mouth with an antiseptic and refrain from eating for one hour after the procedure. At the initial stage of the disease, it is recommended to carry out a similar procedure every time after eating [10]. If the stage of reddening of the mucosal areas was skipped and ulcers formed in the mouth, salivation increased, white plaque began to accumulate on the tongue in the morning, disinfection procedures should be increased.

The severe form of acute herpetic stomatitis is much less common than moderate and mild. In the prodromal period, the child reveals all the signs of an incipient acute infectious disease: apathy, weakness, headache, musculoskeletal hyperesthesia, arthralgia, etc. Often there are symptoms of damage to the cardiovascular system: brady - or tachycardia, muffled heart sounds, arterial hypotension [11, 12]. Some children have nosebleeds, nausea, vomiting, pronounced lymphadenitis not only of the submandibular, but also of the cervical lymph nodes. During the development of the disease, the temperature rises to 39-40° C. The child's lips wrinkle mournfully, painfully sunken eyes appear. There may be mild runny nose, coughing, somewhat edematous and hyperemic conjunctiva of the eyes. Lips dry, bright, parched. In the oral cavity, the mucous membrane is edematous, brightly hyperemic, pronounced gingivitis [13, 14].

Alum stone for the treatment of stomatitis

Treatment of stomatitis with potassium alum is a proven and effective method of getting rid of redness, ulcers and pain in the oral cavity, convenient for use at home.

The mechanism of action of 100% natural antiseptic is quite simple: at the site of contact of alum stone with the mucous membrane, a thin protective layer of mineral salts (colloidal film) is created, which blocks the vital activity of bacteria and “freezes” the nerve endings. Without

changing the course of physiological processes in the tissues of the mucosa, alum stone provides favorable conditions for the restoration of damaged surfaces, itchy and inflamed areas. Salt mineral, having hypoallergenic properties, is completely safe for health. You can use it for the treatment of stomatitis at absolutely any age. Potassium alum does not penetrate deep into the mucosa, and accordingly, in the human body, it acts exclusively on the surface.

When the first symptoms of stomatitis appear, alum stone has a stopping effect, quickly stops the development of the disease, and prevents the spread of infection to healthy tissues. Spot application of a concentrated solution on the sores or the area of redness contributes to the rapid healing of tissues and the elimination of pain.

Preparation of a concentrated solution of alum stone

Pour 100 ml of hot boiled water into a cup. Take an alum stone and submerge it in water. Dissolve the mineral in water for 1 minute, periodically stirring the liquid with it. Then remove the stone from the cup, using a spoon, vigorously stir the resulting solution. Use the concentrate as described at the beginning of this article.

Such a simple plant as chamomile has found its application in human life not only as a wild flower, but also as a natural medicine. Chamomile is used in medicine, cosmetology and aromatherapy. All this is due to the large number of useful substances that make up chamomile. The plant contains essential oils, resins, carotenoids, organic acids, flavonoids, phytosterol, choline, as well as vitamins B1, B2 and carotene.



CONCLUSION

Chamomile contains analgesic, anti-inflammatory, and antibacterial properties, relieves itching, neutralizes unpleasant smells, and hastens healing processes due to its high nutritional content. Chamomile, which has a strong antibacterial and hemostatic action, is an essential tool in the prevention and treatment of gum disease, improving the state of the gums in cases of bleeding and inflammation. The chemical ingredient azulene also has a deodorizing function, which effectively removes foul breath.

REFERENCES

1. Raxmatova D. S. Modern concepts of the causes of development, prevention and principles of treatment of dental caries in children. *European Journal of Molecular & Clinical Medicine* 8.1 (2021): 1477-1482.
2. Raxmatova D. S. Method For Improving The Prevention Of Dental Caries In Children Using The Device Aerodent //Web of Scientist: *International Scientific Research Journal*. - 2021. - T. 1. - no. 01. - S. 26-32.
3. Inoyatova, F.I., Yusupalieva, G.A., Abzalova, M.Y.A., Sultanova, L.R., Akhmedov, E.A. Features of doppler indices in chronic hepatitis with the transition to liver cirrhosis in children. *International Journal of Pharmaceutical Research*, 2020, 12(3), pp. 4026–4029.

4. Inoyatova, F.I., Yusupalieva, G.A., Begmanov, R.B., Bekimbetov, K.N., Akhralov, Sh.F. Possibilities of modern echography technologies in the diagnostics of chronic viral hepatitis in children. *International Journal of Pharmaceutical Research*, 2020, 12(3), pp. 4040–4043.
5. Semenova T. B., Gubanova E. I. Modern ideas about the clinic, features, epidemiology and treatment of herpes simplex // *The attending physician*. 2019. 2-3. pp. 10-16.
6. Melnichenko E.M., Belaya T.G., Kolomiets A.G. Clinical and laboratory diagnostics of herpetic stomatitis in newborns // *Dentistry*. 1995. 3. S. 60-62.
7. Oripov, F., Blinova, S., Dekhkanov, T., & Davlatov, S. (2020). Development of immune structures of the leaning intestine of rabbits in early postnatal ontogenesis. *International Journal of Pharmaceutical Research*, 13(1), 299-301. doi:10.31838/ijpr/2021.13.01.042
8. Isakov V. A., Selkov S. A., Moshetova L. K. et al. Modern therapy of herpesvirus infections. *Guide for doctors*. SPb-M., 2014. 168 p.
9. Strakhova S. Yu. New drugs in the complex treatment of ACS in children: Abstract of the thesis. dis.... cand. honey. Sciences. M., 2010. 24 p.
10. Biagioni P, Lamey R Acyclovir crem prevents clinical and thermographic progression of recrudescence herpes labialis beyond the prodromal stage // *Acta. Derm. Venereol*. 2018. 78(1). P 46-47.
11. Amir J., Harel L., Smetana Z. et al. Treatment of herpes simplex gingivostomatitis with acyclovir in children: a randomized double blind placebo controlled study // *BMJ*. 1997. 314 (7097). P. 1800-1803.
12. Raxmatova D. S. "Features of treatment of dental caries in children using Aerodent medicine" *International Engineering Journal For Research & Development* 5.29.05 (2020).
13. Aminov Z. Z. Khakimova S. Z. Davlatov S. S. (2020). Improvement Of Treatment Protocols Of Pain Syndrome In Patients With Chronic Brucellosis. *European Journal of Molecular & Clinical Medicine*, 7(3), 2540-2545.
14. Rahmatova D.S. Modern Prevention and Effective Treatment of Dental Caries in Children // *Central Asian journal of medical and natural sciences*. - 2021. - T. 2. - no. 3. - S. 345-349.
15. Alekesheva, L. Z., Abdullaeva, M. A., Inoyatov, A. S., Jabborova, O. I., Nigmatullaeva, M. A., Kudratova, M. O., & Navruzova, U. O. (2021). Ways to solve the incidence of covid-19 as a global problem. *Annals of the Romanian Society for Cell Biology*, 25(4), 1873-1880. Retrieved from www.scopus.com
16. Raxmatova D. S. "Invention of a New Means" Aerodent "for the Primary Prevention of Dental Caries in Children." *Middle European scientific bulletin* 13 (2021).
17. Inoyatova, F. I., & Yusupalieva, G. A. (2016). Significance of complex echographic examinations in diagnosing chronic viral hepatitis in children. *Voprosy Detskoi Dietologii*, 14(1), 21-25. doi:10.20953/1727-5784-2016-1-21-25
18. Yariyeva O.O. Clinic, Early Diagnosis and Treatment of Dental Caries in Children// *International journal of Bio-Science and Bio-Technology*. – India. – 2019. - №11(6). – P. 15-23.
19. Yariyeva O.O. The degree of damage to hard tissues of the tooth of carious and non-carious among children and adolescent of the Bukhara city// *Eurasian. Bulletin of Pediatrics*. - Uzbekistan. - 2019. - №3 (3). - P. 3-9.