Effect of Aloe vera Mouthwash on Periodontal Health: Triple Blind Randomized Control Trial.

Karim B1, Bhaskar DJ, Agali C, Gupta D, Gupta RK, Jain A, Kanwar A.

Author information

Abstract
Background: With the increasing incidence of periodontal diseases and development of antibiotic resistance, the global need for alternative treatment modalities, safe, effective, and economical products is the need of time. Aloe vera is a medicinal plant which has the greater medicinal value and enormous properties for curing and preventing oral diseases disease. Aim: The aim of the study was to access the effect of Aloe vera mouthwash on the dental plaque and gingivitis and comparing it with the bench mark control chlorhexidine and placebo. Material and methods: 345 healthy subjects were randomly allocated in 3 groups to the test group (n=115) - mouthwash containing Aloe vera, Control group (n=115) -chlorhexidine group, Distilled water - Placebo (n=115) . Plaque Index (PI) and Gingival Index (GI) were assessed at days 0, 15 and 30. Subjects were asked to rinse their mouth with the stated mouthwash, twice a day, during a 30-day period. Results: Our result showed that Aloe vera mouthrinse is equally effective in reducing periodontal indices as Chlorhexidine. The results demonstrated a significant reduction of gingival bleeding and plaque indices in both groups over a period of 15 and 30 days as compared to placebo group. There was a significant reduction on plaque and gingivitis in Aloe vera and chlorhexidine groups and no statistically significant difference was observed among them (p>0.05). Aloe vera mouthwash showed no side effects as seen with chlorhexidine. Conclusion: The results of the present study indicate that Aloe vera may prove to be an effective mouthwash owing to its ability in reducing periodontal indices.

Oral hygiene instructions provided by dental hygienists: Results from a self-report cohort study and a suggested protocol for oral hygiene education.

Ashkenazi M, Kessler-Baruch O, Levin L.

Abstract
Objective: To investigate the extent to which dental hygienists target their efforts toward patients' oral hygiene instruction. Method and Materials: A population of 179 dental hygienists who attended an annual meeting were given a structured anonymous questionnaire to assess information regarding their habits of instructing patients about oral hygiene measures. Results: The dental hygienists were females aged 21 to 68 years (mean age 39.05 ± 18.18); 49.7% worked in private practice, 21.7% in public practice, and 28.57% in both. Overall, 70.9% reported that they provided oral hygiene instruction to all their patients; 28.5% to most of their patients; and 0.6% reported that they never provided oral hygiene instruction. Among the participants, 54.5% reported giving instruction at every treatment, 41% at every periodic treatment, and 4.5% only on first meeting. The reasons for not instructing their patients included: lack of time (21.7%), the patients know how to brush (61.5%), and the patient appears uninterested (23.6%). Most of the participants (77.7%) reported giving the same hygiene instructions for patients at high and low risk for caries and/or periodontal disease. Conclusion: Participants did not use enough demonstration methods in order to improve their patients' performance. Dental hygienists should pay more attention to instruction and education regarding oral hygiene preventive measures. Dental practitioners employing hygienists should encourage oral hygiene instruction programs in their clinics. Those programs should include repetitious demonstrations and reinforcement in order to improve overall outcome and prevention of future disease.

Subgingival ultrasonic instrumentation of residual pockets irrigated with essential oils: a randomized controlled trial.

Feng HS, Bernardo CC, Sonoda LL, Hayashi F, Romito GA, De Lima LA, Lotufo RF, Pannuti CM.

Source
School of Dentistry, Division of Periodontics, University of São Paulo, São Paulo, Brazil.

Abstract
Feng HS, Bernardo CC, Sonoda LL, Hayashi F, Romito GA, De Lima LAPA, Lotufo RFM, Pannuti CM. Subgingival ultrasonic instrumentation of residual pockets irrigated with essential oils (EOs) of residual periodontal pockets. J Clin Periodontol 2011; doi: 10.1111/j.1600-051X.2011.01725.x. ABSTRACT: Aim: To evaluate the clinical efficacy of subgingival ultrasonic instrumentation irrigated with essential oils (EOs) of residual periodontal pockets. Material and methods: Sixty-four individuals with chronic periodontitis were invited to participate in this randomized, double-blind, parallel, and placebo-controlled clinical trial. All subjects received non-surgical periodontal therapy. After re-evaluation (baseline), residual pockets (pocket depth 5 mm) received test (ultrasonic instrumentation irrigated with EOs) or control therapy (ultrasonic instrumentation irrigated with negative control). Probing pocket depth (PPD), gingival recession (R), clinical attachment level (CAL), bleeding on probing (BOP), and plaque were assessed at baseline and after 4, 12, and 24 weeks. Differences between groups and changes over the course of time were analysed according to a generalized linear model. Results: There was a significant reduction in PPD and BOP, as well as a significant CAL gain in the two groups (p<0.001). Nevertheless, there were no differences between the groups at any time of the study. When only initially deep pockets (PPD 7 mm) were analysed, a significantly greater CAL gain (p=0.03) and PPD reduction (p=0.01) was observed in the test group. Conclusion: The adjunctive use of EOs may promote significant CAL gain and PPD reduction in deep residual pockets.

Nonsurgical periodontal treatment: review of the evidence.

Plessas A.

Author information

Abstract
An increasing number of patients have become aware of the detrimental effects of periodontal disease and tooth-loss and they seek periodontal care. The cornerstone of management of chronic periodontitis is the nonsurgical periodontal treatment. The primary goal of periodontal therapy is to preserve the natural dentition by achieving and maintaining a healthy functional periodontium. Many adjunctive treatment modalities have been introduced lately to enhance the therapeutic outcome of periodontal treatment. The aim of this review is to search for systematic reviews which evaluate these therapeutic modalities and discuss their efficacy. The databases of Medline via Ovid, Embase and the Cochrane Database of Systematic Reviews were searched for up to date systematic reviews in English language. The results and conclusions of the systematic reviews found in the periodontal literature are discussed in this paper. The efficacy of different oral hygiene regimens in maintaining and improving gingival health, the efficacy of the nonsurgical periodontal treatment, the full mouth disinfection, the systematic antimicrobial therapy, the local adjunctive therapies, the host modulation treatment, the Photodynamic and laser therapy are discussed. It appears that there is no certain magnitude of initial probing pocket depth where nonsurgical periodontal therapy is no longer effective. Some of the aforementioned modalities have been found to offer statistical significant benefit in clinical outcomes than the scaling and root planing alone. If this statistical significance is clinically significant needs to be critically assessed by the clinician upon the treatment planning and decision making.