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THE IMPORTANCE OF A HEALTHY MOUTH IN HUMAN HEALTH

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Abstract:

This article talks about the importance of a healthy mouth in human health. The importance of healthy teeth and gums cannot be overestimated. They play an important role in the formation of speech - they serve as walls, near which the teeth, cheeks and tongue, moving, form sounds, so the condition of the teeth affects the purity of human speech.

Keywords: Healthy mouth, human health, digestive system, dental diseases, toothbrush, bacteria

The importance of healthy teeth and gums cannot be overestimated. They play an important role in the formation of speech - they serve as walls, near which the teeth, cheeks and tongue, moving, form sounds, so the condition of the teeth affects the purity of human speech.

They and only they are needed for the proper process of digestion of food, since chewing food in the oral cavity plays an important role in the process of assimilation of food. They also form a protective barrier between the oral cavity and the external environment. And now the aesthetic value of beautiful teeth as an indicator of social status has been added to this list.

Over the past 5-10 years, interest in the possible relationship between the state of the oral cavity and the health of the body as a whole has increased significantly. Did you know that the health of the human body begins with dental health? Mistakes in the care of teeth and gums can lead to the development of much more serious diseases than periodontitis or tooth loss.

Who pays attention to the state of the oral cavity, he does a lot for his health. Thorough and constant oral hygiene not only protects against caries. It also helps to prevent diseases that might occur throughout the body.

In order to understand how the condition of the oral cavity can affect the state of health in general, you need to understand what is the root cause.

The oral cavity is a whole ecosystem inside our body, a balanced microcosm, which, under favorable external conditions, is an integral part of the digestive system. According to the latest data, over 700 types of microorganisms live in the mouth, some of them are harmful to us, they can contribute to the development of caries and provoke inflammation of the gums.

Inflammation is the response of the body's immune system to an infection. Under certain conditions (weakened immunity, a large number of harmful bacteria, mucosal injuries), during inflammation, tissue permeability increases, the walls of blood vessels weaken, which leads to swelling, soreness and bleeding of the gums. If the cause - bacterial plaque - is not eliminated - the inflammation will progress, not only the gums, but also the bone tissue surrounding the teeth will undergo destructive changes - periodontitis will develop.

Therefore, the importance of preventing dental diseases is no longer disputed by anyone. And preventive measures should begin in early childhood, continue throughout life on a daily basis. Brushing your teeth at least twice a day is a rule that most people follow. But besides this, there are a number of additional oral hygiene products, for example, rinses for teeth and gums and dental floss. With a toothbrush, bacteria are removed only superficially. But where the brush cannot reach, daily care is also required. Remains of food in hard-to-reach places are easily removed with dental floss. It cleans the lateral surface of the teeth and the dentogingival area.

Rinses remove bacteria left over from brushing and flossing. Rinse Forest Balm fights bleeding, inflammation, swelling of the gums.

It is mandatory to visit the dentist 2 times a year. If caries or any other defects are found, there is no need to postpone treatment until later, since this can be dangerous not only for the teeth, but for the whole organism.

Thus, daily proper and high-quality oral care will provide you with a healthy and beautiful smile, which means self-confidence!

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Consultation with a specialist is required. It is not a medicinal product. Application does not exempt from visiting the dentist.

Oral diseases are preventable in most cases, but in many countries they place a heavy burden on health, affecting people of all ages, causing pain and discomfort, disfigurement and even death.

It is estimated that nearly 3.5 billion people suffer from oral diseases.

According to the 2019 Global Burden of Disease study, the most common pathology is untreated permanent tooth decay.

Oral health care is a costly service that is usually not included in the framework of universal health coverage (UHC).

Most low- or middle-income countries are unable to provide services for the prevention and treatment of oral diseases.

Oral disease is driven by a range of controllable factors, such as sugar, tobacco and alcohol consumption and poor hygiene, as well as the social and commercial determinants behind them.

Most oral pathologies are preventable and treatable in the early stages. The largest proportion of oral pathologies are dental caries, periodontal disease, oral cancer, dental trauma, cleft lip or palate, and noma (a severe gangrenous disease that primarily affects the tissues of the oral cavity, which mainly affects children).

The 2019 Global Burden of Disease study estimates that up to 3.5 billion people worldwide suffer from oral disease, with permanent tooth decay the most common condition. An estimated 2 billion people worldwide have permanent tooth decay and 520 million children have permanent tooth decay (1).

In most low- or middle-income countries, the prevalence of oral disease continues to rise as urbanization increases and living conditions change. This is primarily due to insufficient fluoride intake (from tap water and oral hygiene products such as toothpaste), the proliferation of cheap foods high in sugars, and limited local availability of primary dental care. The promotion of high-sugar foods and drinks, as well as tobacco and alcohol, is leading to increased consumption of products that contribute to the development of oral pathologies and other non-communicable diseases.

Dental caries occurs when plaque is deposited on the tooth surface, in which free sugars (all sugars added to food during production, preparation and consumption, as well as natural sugars found in honey, syrups and fruit juices) are converted into acids that destroy the tooth over time. With a systematic high intake of free sugars, a lack of fluoride, and insufficiently careful removal of plaque during brushing, tooth decay occurs, which causes pain and, in some cases, leads to tooth decay and infection.

Periodontal disease (gum disease).

Periodontal disease affects the tissues that surround and support the teeth. Symptoms of periodontal disease are bleeding or swelling of the gums (gingivitis), pain, and in some cases halitosis. In a more severe form of the disease, the gums can lag behind the teeth and the bone that supports the teeth, leading to loosening and sometimes tooth loss. It is estimated that approximately 14% of the world's adult population suffers from severe periodontal disease, corresponding to more than one billion cases (1). The main causes of periodontal disease are poor oral hygiene and tobacco use.

Oncological diseases of the oral cavity

Cancers of the oral cavity include cancer of the lip, other areas of the oral cavity, and oropharynx. The incidence of oncological diseases of the lip and oral cavity worldwide is estimated at 4 cases per 100,000 population. This rate, however, varies widely by country, from zero to approximately 22 cases per 100,000 population (2). Oncological diseases of the oral cavity are more likely to develop in men and the elderly, while the frequency of their occurrence largely depends on socio-economic conditions.

The main causes of oral cancers include tobacco, alcohol and catechu (betel) consumption (3). In North America and Europe, an increasing proportion of oropharyngeal cancers among young people is associated with human papillomavirus infections (4).

Dental trauma is trauma to the teeth, mouth, and oral cavity. Approximately 20% of people suffer dental trauma during their lifetime (5). The causes of dental injuries can range from oral features such as malocclusion to external factors (such as unsafe playground equipment, risky behavior, traffic accidents, and violence). The treatment of dental trauma is costly and time consuming and can even result in tooth loss, causing facial defects, complicating psychological development and reducing quality of life.

Noma is a severe gangrenous disease that affects the tissues of the mouth and face. It mainly affects children aged 2–6 who are malnourished, suffer from infectious diseases, live in extreme poverty without oral hygiene, and have a weakened immune system.

Noma is mainly found in sub-Saharan Africa, although cases of noma have also been reported in Latin America and Asia (6). Noma begins with a lesion (ulceration) of the soft tissues of the gums in the oral

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cavity. The initial gum disease develops into acute ulcerative gangrenous gingivitis, which progresses rapidly, destroying soft tissues and then involving hard tissues and facial skin.

According to the latest estimates (for 1998), there are 140,000 new cases of noma every year. Without treatment, noma is fatal in 90% of cases (7). Survivors suffer from severe facial disfigurement, speech and eating difficulties, and social stigma and require complex surgery and rehabilitation. If a noma is detected in its early stages, its development can be quickly stopped with proper hygiene, antibiotics, and nutritional rehabilitation.

Orofacial clefts, the most common craniofacial anomaly, occur in 1 in 1000–1500 newborns worldwide, and their prevalence varies widely across studies and across populations (8,9). An important factor is genetic predisposition. However, unhealthy maternal diet, tobacco and alcohol use and obesity during pregnancy are also risk factors (10). In low-income countries, these anomalies cause high neonatal mortality. With proper surgical treatment of a cleft lip or palate, full rehabilitation is possible.

Noncommunicable diseases and common risk factors.

Most oral diseases and pathologies share common risk factors with the four leading noncommunicable diseases (cardiovascular disease, cancer, chronic respiratory disease and diabetes), such as tobacco and alcohol use and an unhealthy diet high in free sugars.

In addition, there is evidence of an association between diabetes and the development and progression of periodontitis (11). There is also a causal relationship between excessive consumption of sugars and diabetes, obesity and dental caries.

Manifestations of inequalities in oral health care.

Oral diseases are disproportionately affected by poor and socially disadvantaged members of society. There is a strong and consistent association between socioeconomic status (income, occupation, educational attainment) and the prevalence and severity of oral disease (12). This association runs from early childhood to old age in high-, middle- and low-income countries.

Prevention.

The burden of oral and other noncommunicable diseases can be reduced through public health interventions that address common risk factors.

These include:

- ensuring a balanced diet by reducing the proportion of free sugars and increasing the proportion of fruits and vegetables in the diet and the elimination of various drinks in favor of water;
- cessation of the use of all types of tobacco products, including betel nut;
- reducing alcohol consumption; and

Promoting the use of protective equipment when playing sports and riding bicycles and motorcycles to reduce the risk of facial injuries.

An important role in the prevention of dental caries is played by the intake of a sufficient amount of fluoride.

Optimal fluoride can be obtained from a variety of sources such as fluoridated drinking water, salt, milk and toothpaste. The practice of twice-daily brushing with fluoride toothpaste (1000–1500 ppm) should be promoted (13).

Access to oral health services.

In most countries, the uneven distribution of dental staff and the mismatch between the number of specialized health facilities and the needs of the population limits access to primary oral health care. Getting dental care can be a serious barrier to having to pay for it out of your own pocket. Paying for essential dental care is among the leading causes of catastrophic health care costs; increasing the risk of impoverishment and loss of economic well-being (14,15).

WHO activities. In 2021, at its Seventy-fourth session, the World Health Assembly adopted a resolution on oral health. The resolution recommends moving from a traditional pathological approach to a preventive approach that promotes oral health in the family, school and workplace and provides timely, comprehensive and comprehensive care within the primary health care system. The resolution reaffirms that dental care should be an integral part of programs to combat noncommunicable diseases and that the provision of oral health services should be part of programs to achieve universal health access.

Delegates of the World Health Assembly instructed WHO to develop a draft global oral health strategy by 2022, to be considered by the WHO governing bodies in 2022 and to translate this global strategy into an oral health action plan by 2023; identify "best-value" oral health interventions; and consider including noma in the 2021–2030 roadmap for neglected tropical diseases. WHO has been requested to report on the progress and results of this work until 2031 as part of a synthesis report on noncommunicable diseases.

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