

Implementation of Carrageenan on Burning Mouth Syndrome

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Abstract

Ongoing (chronic) or recurrent burning in the mouth without an obvious cause. This uneasiness can influence our tongue, gums, in our cheeks, lips, roof of our mouth (palate) or extensive areas around our mouth. This sensation of burning can be severe, when scorch or cauterize your mouth dry mouth is a condition characterized by burning mouth syndrome. This is a persistent Orofacial jerk without any buccal mucosal difficulties or other organic disease. There are many numbers of same name for this such as stomatodynia, Patients commonly having with burning, pricking, or insensibility over the tongue or another areas in oral mucosa.

Keywords: Burning Mouth Syndrome; (Xerostomia) Scalding Mouth Syndrome

Introduction

Dry mouth (xerostomia) is well associated with burning mouth syndrome xerostomia can lead up symptoms in BMS (burning mouth syndrome).

A sulphated polyglycan carrageenan is found in 3 different type:

- Lota
- Lambda
- Kappa.

All of which differ in their sulfation degree. Diabetes disease affects all the vital body organs in the body by changing the metabolic activity of the body. Some diabetic patients may suffer from burning mouth syndrome which has multiple causative factors and can be diagnosed clinically by a hot burning feelings in our oral mucosa but there is no noticeable lesion. The present study was designed to determine the effect of topical carrageenan on the symptoms of BMS (burning mouth syndrome) in diabetic type 2 patient and determine the effect of topical carrageenan on the level of salivary inter leukin -1beta and candida species.

The results shows no effect of carrageenan on the immunological marker (interleukin-1) after carrageenan usage. For *Candida* that may resulting in declination in the total number of colonies that forms unit after carrageenan application. Concerning *Candida*, the substantial reducing in their colonies forms unit that was noticed in the current studies that was helped by many of earlier studies that bothered about anti-fungal activity of red seaweeds and these activities are suggested to be due to biological activity of red sea weeds (carrageenan).

Carrageenan was putted topically for the comfort from symptoms of BMS.

That has been proved by the earlier studies that carrageenan has potential to mitigate that pain which was associated with mucositis.

Carrageenan does not makes an effect or any effects on interleukin-1 hence it was ne'er captivate or soaked from our oral mucosa. The results of carrageenan gel on the BMS may permit the use of kappa carrageenan as a right compound to comfort the pain and burning sensation in BMS.

Toxic effect of methylparaben on it

Methylparaben is totally soaked through the superficial skin or after ingestion, and it gets hydrolysed to para-hydroxybenzoic acid and that metabolites are quickly discharged in the urine. There is not any confirmation of aggregation.

Acute toxicity studies that was done in animal that specifies that this methylparaben is practically non dangerous by both oral and injectable routes. It does not shown to be teratogenic, carcinogenic, mutagenic, or embryotoxic.

The cosmetic ingredient review for the safety of methylparaben, propylparaben and butylparaben in 1984 and concluded they were safe for use in cosmetic products at levels upto 25%. Typically parabens are used at levels ranging from 0.01 to 0.3%.

It does not appear to be annoying when it is used topically or locally, although few people may showed cross-sensitivity in people hyper sensitive to LA that are metabolized to para amino benzoic acid.

Implementation of carboxymethylcellulose-graised artificial saliva in patient with burning mouth syndrome

Due to history concluded in south Korea with the purpose to observed the effects of carboxy methylcellulose based artificial saliva due to residual secretory potency assessed by the salivary flow rate in the patient with dry mouth approximately 60 patient (10 men and 50 women, 57.8/13.2 year of age) with chief complaint of dry mouth were asked a standardized series of questions regarding dry mouth symptoms.

After using CMC formed artificial saliva for 14 days, each patients finished the same forms.

Use of it there is decreased in the seriousness of dryness of oral cavity at night or on awakening, dryness of oral cavity at the other times of the day and the result of dry mouth on daily life ($p < 0.05$).

The use of CMC based artificial saliva also improved Dry mouth related behaviour specially awakening from sleep at night because of oral dryness [1-13].

Conclusion

Xerostomia (dry mouth) is a familiar or regular problem and if it is not granted and treated can have a noticeable effects on a patient's standard of life. Through right education, assessment, prevention, guided and suitable treatment, patients with dentist help can decrease dry mouth and their effects on dental or oral health and standard of life. Patient based artificial saliva demonstrated moderate effects in reducing Dry mouth related symptoms and behaviour with more significant effects appearing in patients whose residual secretory potency usage severely compromised.

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