NOTAKEHL in Dentistry

Two Revised Studies

by Anna Janas, Grażyna Grzesiak-Janas, Jolanta Białkowska-Głowacka, Iwona Sikorska
Poland
Abstract

At the Dental Surgery Department at the Medical University of £ódŸ, two studies were carried out to research the effectiveness of the homeopathic drug NOTAKEHL 5X before and after tooth extraction. The remedy shows good results in supporting the healing process of post-extraction wounds.

Study No. 1

The Application of the Homeopathic Drug NOTAKEHL 5X after Extraction of Teeth
By Anna Janas, Gra¿yna Grzesiak-Jan as, Jolanta Bia³kowska-G³owacka

The effectiveness of NOTAKEHL 5X in the follow-up treatment of tooth extraction was analyzed.

Materials and methods

The observation study covered 59 patients in the Dental Surgery Department at the Medical University of £ódŸ who were treated for tooth infection. All patients had been regularly taking treatment for rheumatoid arthritis for some years. Their age ranged from 25 to 45 years (Table I).

Table I. Age of patients in years

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-27</td>
<td>10</td>
</tr>
<tr>
<td>28-30</td>
<td>18</td>
</tr>
<tr>
<td>31-33</td>
<td>12</td>
</tr>
<tr>
<td>34-40</td>
<td>8</td>
</tr>
<tr>
<td>41-45</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
</tr>
</tbody>
</table>

Odontogenic infection focus in the mouth was diagnosed by clinical and radiological examinations. The major indications for tooth extraction were chronic granulomatous periodontitis in 34 patients and chronic aggravated periodontitis in 25 patients (Table II).

Table II. Indications for tooth extraction

<table>
<thead>
<tr>
<th>Indications</th>
<th>Maxilla (upper jaw)</th>
<th>Mandible (lower jaw)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic granulomatous periodontitis</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Chronic aggravated periodontitis</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>40</td>
</tr>
</tbody>
</table>

Due to long lasting coexisting diseases (rheumatoid arthritis) and the burden of the long-term medication, the application of antibiotics was abandoned. Instead, with the consent of the patients who were informed about the procedure, the isopathic preparation NOTAKEHL 5X was administered.

After application of conduction anaesthesia or infiltration anaesthesia, 1 ampoule of NOTAKEHL 5X was injected to the vestibular and glossal or palatal side of the tooth which was then extracted. The socket was scraped with a curette and sprinkled with NOTAKEHL 5X. The patients were instructed to apply 5-10 drops of NOTAKEHL D5 once daily to the wound area for the following 3 days. Follow-up examinations took place daily at the clinic.

Results

The following criteria were taken in order to evaluate the effects of NOTAKEHL 5X in the healing process:

- Occurrence of pain
- Post-operative healing process
- Occurrence of complications in the alveole.

The healing process took its normal course with all patients. They were free of pain immediately after surgery and during the following days. Inflammatory complications were not observed during this period. These facts are significant from both a clinical and an economic standpoint.

Study No. 2

The Treatment of Dry Socket with NOTAKEHL 5X
By Anna Janas, Gra¿yna Grzesiak-Jan as, Iwona Sikorska

The aim of this study was to evaluate the effectiveness of NOTAKEHL 5X in the treatment of dry socket syndrome in comparison to conventional treatment.

Definition

Tooth extraction is a common procedure in dental practice. The healing process usually occurs without complications, although dry socket syndrome may arise in 2-4% of cases. Dry socket, alveolitis, alveolar bone inflammation or post-extractional pain are synonyms of the same disease. The main symptom is acute pain which can be so strong that it becomes difficult to deal with for both the patient and the dentist.
The arising pain is neuralgic and occurs after the extraction of the permanent tooth on the 3rd or 4th day after surgery. The blood clot which fills the dental alveolus shrinks or decomposes too quickly. The main causes are mechanical or chemical irritations such as nicotine, caffeine, drugs and intensive mouth rinses. They promote the infiltration of bacteria which, in turn, destroy the blood clot surrounding the tissue. Alveolitis is often accompanied with hallitosis.

Materials and methods
28 patients - 16 women and 12 men - with dry socket syndrome participated in the study. The age of the patients ranged from 18 to 73 years. In six cases the tooth had been extracted in the Department of Oral Surgery, whilst the remaining 22 patients had experienced the extraction in local National Health Care surgeries or private surgeries. The patients were informed about the principles of isopathic therapy and gave their consent to the procedural method before treatment. On the first day, all the patients received conventional treatment which consisted of rinsing the socket with 0.02% chlorhexidine solution and drying it with a cotton wool swab. Subsequently, 2 drops of NOTAKEHL 5X were rubbed into the socket from the buccal area for 3 minutes. Finally, 2-3 drops of NOTAKEHL 5X were applied into the socket with a dental spoon. Altogether, 4-7 drops were applied during the first visit.

In the following days the healing process was recorded and patients were questioned about their subjective pain sensations. A 4-degree pain scale was used to assess patient’s feelings: 0-no pain, 1-slight pain, 2-medium pain, 3-strong pain. This everyday evaluation of the local condition was the basis for the further treatment, which was carried out according to the protocol mentioned above.

A further 30 patients - 18 women and 12 men – with alveolitis served as a control group. The age ranged from 20 to 68 years. The basic treatment also consisted of rinsing the socket with 0.02% chlorhexidine solution and drying it with a cotton wool swab. Unlike the NOTAKEHL group, these patients received Nipas (acetic salicylic acid) as local treatment.

Discussion
The treatment of the dry socket syndrome generally consists of the removal of the leftover blood clot in the socket by rinsing with e.g. water solution of KMnO4, hydrogen peroxide, Rivanole or 0.02% chlorhexidine solution. Mechanical cleaning with the use of a dental spoon is not recommended, because it increases the risk of re-infection. Subsequently, anti-inflammatory and analgetic inserts are used. Aspirin paste rubbed ex tempore, iodoform filters sucked with camphophenol, Apernyl, Nipas, Socoseryl, 5% EEGP (Ethanol-glycerin extract of propolis) are the mostly used analgesics. The patient usually becomes free of pain within 3-7 days.

In comparison, the treatment of dry socket syndrome with NOTAKEHL 5X shortened the period of pain to 2-3 days. It is worth pointing out that this is significantly faster than any other treatment. The application is non-invasive, practical and free of aggravating side-effects such as incompatibility or allergic reactions. The patients assessed these aspects positively.

Summary
NOTAKEHL is indicated in all cases of bacterial infections especially Staphylococci and Streptococci. According to Heidl, the preparation effects stimulation of the immune system.

Both clinical studies prove the effectiveness of NOTAKEHL 5X for
prophylaxis and treatment of inflammations after tooth extraction. It is important to emphasize the rapid analgesic and anti-inflammatory effect as well as the easy application and that NOTAKEHL is well tolerated. Patients are willing to accept treatment which is both effective and free of side effects.

In many cases the application of isopathic remedies makes it possible to reduce the use of allopathic preparations, eg. antiphlogistics or antibiotics which destroy physiological intestinal flora and promote growth of yeasts and fungi.

The results of these studies may contribute to a wider range of application with holistic preparations in dentistry.


“Notes Regarding the Treatment of Dry Socket with NOTAKEHL 5X“ was published in the Polish journal “Dental and Medical Problems“ No. 42/2005.

Both articles were revised and combined by Semmelweis.
An extensive bibliography is available from Semmelweis.
The translation has been approved by the authors.