

Yoga Breathing Techniques as an Auxiliary Method in Elimination of the Factors that Cause Increased Emetic Reflex in Patients Treated on Clinic of Prosthodontics

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Abstract: *The emetic reflex often renders impossible carrying out of adequate dentistry treatment and the further using of the made denture. There can also appear complications in the form of aspiration asphyxia and difficult social adaptation of the patient. Research problem is to reveal the factors provoking an emetic reflex, to develop algorithm of decrease in reactance of vegetative nervous system at the given patients. Group of patients 8 person from 56 surveyed (6 women of 2 men in the age of from 23 up to 71) which showed complaints hypersalivation, the raised emetic reflex on reception at the dentist, impossibility to use earlier made removable dentures. Patients are surveyed for revealing risk of occurrence of an emetic reflex, revealed and comfortably adapted for the made designs. The algorithm of revealing, elimination and maintenance of decreased reactance (inductive reaction) of vegetative nervous system and normalization of process of adaptation at patients with the expressed emetic reflex, based on practice of respiratory yoga is developed.*

Key words: *an emetic reflex, adaptation, prevention, respiratory yoga*

Introduction

Removable dental prosthetics in dentistry remains to be one of the most widespread methods of treatment of patients with secondary adentia. At a choice of a procedure of treatment it is necessary to consider risk of possible complications and individual sensitivity of the patients. Clinical rehabilitation after the lead dentistry treatment, should keep up to date and new methods. Patients who use dental prosthetics can face a number of complications. The emetic reflex and hypersalivation also is rendered impossible with carrying out of adequate dentistry treatment and further use of a design. There can also appear complications in the form of aspiration asphyxia and difficult social adaptation of the patient. There is a problem which requires clinically proved treatment and development of an additional complex procedure of rehabilitation.

It is necessary to define an emetic reflex and to define its value in work of the dentist and doctors of any clinical practice. Understanding of the pathology defines a proper concept.

The emetic reflex is the reflex certificate adjustable by the emetic center, located in an oblong brain with a nausea previous it, involuntary swallowing the movements, the speeded up breath strengthened by allocation of a saliva and tears. It is important to remember, that it, first of all, the protective mechanism which is carrying out the major role in an organism. Moreover, it is a

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symptom for many other things heavy diseases that puts its one of the first items of differential diagnostics in surgery, neurology and infectious diseases.

Therefore, the main task of this paper is not complete repression of the reflex, but its restoration to the physiological norm.

Research subject

1. To generate group of patients and on a clinical example to reveal the laws defining the general properties of a pathology, and its semiology.
2. To define functional components of the complex approach and criteria of adaptation of the patient up to, during and after rehabilitation.
3. To prove parameters of a procedure and its components.
4. To create and describe methods of prevention and rehabilitation of the emetic reflex.

The aim of this study: to develop a procedure of prevention and rehabilitation of the patients with the expressed emetic reflex at full and partial dental prosthetics.

Methods

Patients: Group of patients 8 person from 56 surveyed (6 women of 2 men in the age of from 23 up to 71) which showed complaints hypersalivation, the raised emetic reflex on reception at the dentist, impossibility to use earlier made dental prosthetics.

Functional methods: Pulsioxymetry, EKG, Tonometry.

Yoga methods: 3, 9 or 21 breath through a nose, next ninefold breath, than 3, 9 or 21 delay breath no more than 20 seconds and Repetition 3, 9 or 21 time.

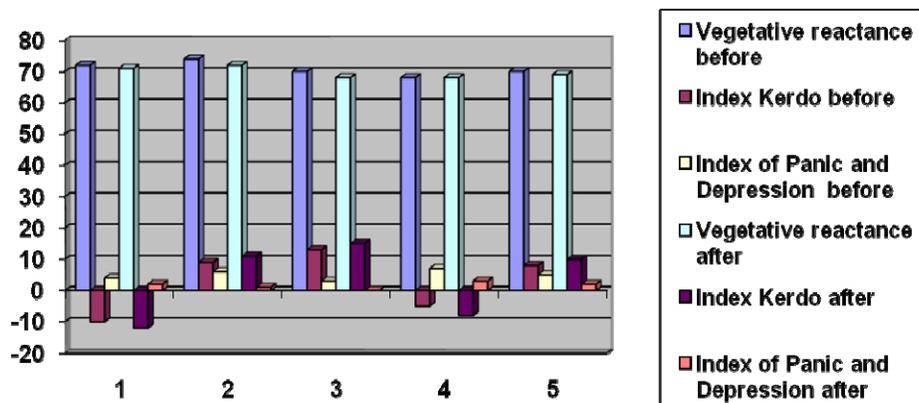
Pharmaceutical methods: vegetative sedative preparations (for example NOVO-PASSIT) in the form of tablets (3 once a day on 1 tablet after meal).

Physiological methods: Ortner and Ashner reflex, Kerdo index, index of panic and depression.

After lead diagnostics to patients reception of a sedative medical product in tabs to the form for reception 1 calendar month has been appointed. During reception of a preparation patients carried out requirements of the doctor: conducting a diary of personal observations and performance of practice of respiratory yoga, by deep nasal breath three times a day after reception of a preparation, within 10-15 minutes, appointed 3 once a day on 1 tablet after meal. 4 from 5 patients prepared for prosthodontic treatment and were observed with each reception of the doctor before spent clinical manipulations. The general number of visitings for the control and assessments of quality of spent sedative treatment has made 3 visitings.

Results

After a month of the lead therapy 5 from 5 patients have felt positive dynamics on the personal sensations. 4 from them on the termination of treatment could adapt easily, as they said, for an alien design in a mouth; 1 patient could carry earlier made. Correlation in criteria of an assessment of quality has made following parameters:



Discussion

Proceeding from the received data and the analysis of results research, it is possible to deduce following aspects:

1. Among group patients resistant improvement and high parameters of adaptation to demountable prosthetics is observed.
2. The patients was on reception with objective of treatment secondary adentia and surveyed for risk of a possible raised emetic reflex, with advantage have been revealed and upon termination of treatment comfortably adapted for the made dentures.
3. The generated group during research conformed to the chosen criteria of an assessment of quality of spent treatment and has safely passed a rate of adaptation.
4. All patients during treatment marked positive dynamics and accepted active participation, complying with all manuals of the doctor.

In investigated group the number of complications connected with treatment and use of removable dentures from vegetative nervous system at the moment of treatment was not observed.

The procedure of preventive maintenance and revealing of patients with the expressed emetic reflex has been described.

The given procedure allows to expand number of patients, among number of those who could not carry earlier removable full and partial dentures artificial limbs from the raised reactance of vegetative nervous system and low adaptation.

Conclusion

Based on the given clinical experience, the created procedure has shown the authentic prediction of the results that allow application of its aspects in the future. During research there, have been developed and allocated methods of prevention and repression of the expressed emetic reflex before the beginning of prosthodontic treatment, based on yoga.

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