

Conclusion. Cytokine therapy combined with puncture techniques proved more effective in our study. The group receiving both treatments showed positive changes in histological specimens compared to those treated with puncture alone.

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INFLUENCE OF OZONE THERAPY ON THE ORAL HYGIENE CONDITION IN THE COMPLEX TREATMENT OF CHRONIC CATARRHAL GINGIVITIS IN CHILDREN

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Relevance. The issue of periodontal pathology in children is driven both by the excessive prevalence of these diseases and by the fact that untimely treatment during childhood and adolescence eventually leads to severe, irreversible damage to periodontal tissues in adulthood [1]. According to WHO experts, 80% of the pediatric population exhibits either individual signs or the full range of symptoms associated with periodontal inflammation [2]. Currently, a substantial database of epidemiological data on the prevalence of periodontal diseases in children has been accumulated, indicating a continuing increase in morbidity, including in Uzbekistan [3].

Research objectives. was to assess the oral hygiene condition in children with chronic catarrhal gingivitis during the mixed dentition period.

Research methods. The study involved 80 children aged 7–10 years with chronic catarrhal gingivitis and 15 practically healthy children of the same age group as a control. The first examination was conducted before the implementation of preventive measures. The second examination took place one month after the start of preventive measures, the third — six months after the first examination, and the fourth — one year later. All children were divided into 5 groups: 4 groups of 20 children each, and a fifth group of 15 children.

Results and its discussion. The implementation of preventive measures led to improvements in oral hygiene indicators among children aged 7–10 years across all study groups. At the first examination, the hygiene status measured by the Fedorov–Volodkina index in children of all groups was unsatisfactory, averaging 2.10 ± 0.08 points. After the first set of measures, oral hygiene indicators worsened

only in the first group, where children had only been instructed in oral hygiene practices.

Conclusion. The developed and implemented prophylactic and therapeutic complex, which includes the use of the toothpaste “New Pearl Chamomile + Calcium,” the “Complete” mouthwash by Splat, the gum balm “Forest Balm,” and the oral administration of the multivitamin–mineral preparation “Univit,” as well as an additional application of ozone therapy using the device “OzonyMed,” contributed to the improvement of oral hygiene in the treatment of children with chronic catarrhal gingivitis during the mixed dentition period.

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FOOD ADDITIVE E171 AND ITS EFFECTS ON THE BODY, MODERN VIEWS ON ITS ROLE IN CAUSING VARIOUS PATHOLOGICAL PROCESSES

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Relevance. Titanium dioxide is widely used as a food coloring agent. This additive completely changes the organoleptic properties of the product and helps preserve it for longer. Other food colorings include titanium dioxide E171, iron oxide E172, gold E175, silver E174, silicon dioxide E551 and others.

Like other fine particulate food additives, titanium dioxide constitutes a significant portion of food products. It is commonly found in carbonated drinks, various colored sweets, packaged salty and fatty snacks, potato chips, paper–wrapped candies, baked goods, dairy products, and sausages. Titanium dioxide is actively used not only in the food industry but also in the pharmaceutical industry, personal hygiene products, and cosmetics as a whitening agent. Titanium dioxide is a substance that does not dissolve in water and is considered to be low in toxicity. In the body, titanium accumulates by binding with proteins. When titanium dioxide is consumed orally, it interacts with the aggressive environment of the stomach, significantly altering the properties of proteins and enzymes. [1]

In laboratory tests, when titanium dioxide was administered chronically (for 90 days) to rats, it was observed that their testicles were damaged, and there were