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Influence of nourishment on teeth after teething
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Nourishment is a totality of the processes connected with consumption of nutrients and their digestion in an organism thanks to the normal body functioning and health are maintained. But, unfortunately, some dietary habits become risk factors of somatic and dental diseases (WHO, 2003).

Character of nourishment influences on teeth before teething. However this influence is less significant than local action of nourishment in the period after teething. A deficit of vitamins D and A and protein-energy lack are connected with hypoplasia of an enamel and the atrophy of salivary glands increasing the predisposition to dental caries. Overconsumption of fluorides in enamel forming (for permanent teeth until 6 years old) can cause teeth fluorosis (P. J. Moynihan, 2005).

Erosion of tooth is nonreversible loss of hard tooth tissues (enamel and dentine) owing to chemical dissolution by acids without involvement of bacteria in this process. Food acids are: lemon, phosphoric, ascorbic, apple, tartaric, oxalic and carbonic acids. In analytical epidemiological examinations connection between erosion of teeth in people and the use of sour food stuffs and beverages, including consumption of fruit juices, soft drinks, vinegar, citrous fruit and plants has been shown. The following food stuffs promote the erosion: non-alcoholic carbonated beverages, fruit juices (fresh and preserved), wine, the cocktails, some herbal teas, vinegar, acidic lollipops, vitamin C dragée (in quantity).

Despite the significant decrease of intensity of dental caries in developed countries for last 30 years, prevalence of caries remains high, and the favourable trends are nonconstant. In developing countries dental caries is higher there where the increased consumption of food sugars is marked (P. E. Petersen, 2003). Dental caries occurs as a

result of demineralization of enamel and dentine by the organic acids produced by bacteria of a dental deposit as a result of anaerobic metabolism of carbohydrates. In countries, where a consumption level of sugar is below 18 kg/person/year the intensity of caries is low. In our country the tendency to raised consumption of sugar becomes perceptible. For example, in 1994 sugar consumption on the average was 26.7 kg /person/year, and in 2002 it became 41.3 kg /person/year. Not only sucrose, but also other fermented carbohydrates promote caries developing. Fermented carbohydrates are: polysaccharides (starch), disaccharides (sucrose, maltose, lactose), monosaccharides (fructose, glucose, galactose) (Redinova T.L., Solovyeva A.M., Matelo S.K., Kupets T.V.).

The cariogenic potential of starch depends on a degree of its culinary processing. In nature the starch is found in granules. It is maintained in raw vegetables, fruit and grains. In such kind the starch is difficultly fermented by ptyalin and consequently has a low cariogenic potential. During culinary processing as a result of boiling, heating or mechanic action there is a process of gelation, granules are destroyed. In such kind the starch is easily fermented by ptyalin and has a high cariogenic potential (WHO, 2003). Quite wide spreading saccharins and sweeteners have received such as: high-calorie substitutes (glucose, fructose, invert sugar); high-calorie sugar-containing alcohol (likasine, sorbitol, xylitol); noncaloric sugar substitutes (aspartame, cyclamate, acesulfam potassium, saccharin). Among them high-calorie sugars are cariogenic. Some studies prove an anti-caries effect of xylitol that has led to its wide use in chewing gums and lollipops without sugar.