

Press Release

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Gingivitus Cure: Use 3% Hydrogen Peroxide for 2 weeks and the Gingivitus disappears!

WaterSmart Medical, a Division of *WaterSmart Environmental, Inc.* announces a fast acting but somewhat painful cure for Gingivitus, at least during the initial stage. The cure also applies to Cold Sores caused by the Herpes virus as well as Halitosis, otherwise known as bad breath. The cure consists of applying 3% Hydrogen Peroxide that is available at Walmart and all pharmacies worldwide.

Gingivitus, Herpes, Halitosis, and Periodontal Disease are all produced by Anaerobic Bacteria. Hydrogen Peroxide is the strongest enemy of anaerobic bacteria since it is a 100% aerobic chemical. When applied to anaerobic bacteria, hydrogen peroxide exhibits a pronounced ability to not only kill the anaerobic bacteria but to also change the infected tissue back into an aerobic cell—it natural condition in the body. Periodontal disease can easily form if Gingivitus is left untreated resulting in the loss of teeth and bone tissue.

The cure consists of adding a couple of tablespoons of 3% Hydrogen Peroxide into your mouth and then brushing vigorously sideways where the teeth meet the gum. This will initially be quite painful. After about 5 minutes you will then have to expectorate or spit out the hydrogen peroxide. If you accidentally swallow some of the hydrogen peroxide no problem will occur. If you now look inside of your mouth you will see one or more of your gums exhibiting a white appearance. The white appearance goes away over time. The white appearance is attributable to the Hydrogen Peroxide attacking the anaerobic cells. The above procedure is to be followed but one time each day. The pain caused by the procedure will disappear within a few minutes of completing the treatment.

The next day, repeat the same above procedure for as many days as necessary until blood no longer shows up in your spit. Usually 2 or 3 days is sufficient depending on the severity of your initial condition. Once the blood disappears you have accomplished the 1st stage of the cure.

The second and final stage of treatment consists of adding the same amount of Hydrogen Peroxide into your mouth each day and then using your tongue and cheeks to swirl and twirl the Hydrogen Peroxide around your mouth and the space between your gums and teeth for about 10 minutes. This procedure does not cause much if any pain. During this time period the Hydrogen Peroxide will be slowly removing the plaque from your teeth while also attacking the remaining anaerobic bacteria in your mouth. You

will still see some white appearance but it will slowly disappear over time. It does require a few days time for the Hydrogen Peroxide to convert the anaerobic cells back to aerobic cells depending on the severity of your initial condition. Once you no longer see any white appearance in your mouth your initial condition has been fixed. Wait one day and then go back to brushing your teeth a couple times per day with a good quality tooth paste that contains fluorides. You are now fully ready to enjoy pain free life again.

ANAEROBIC INFECTIONS

From Wikipedia, the free encyclopedia

Anaerobic infections are caused by anaerobic bacteria. Anaerobic bacteria do not grow on solid media in room air (10% carbon dioxide and 18% oxygen); facultative anaerobic bacteria can grow in the presence as well as in the absence of air. Microaerophilic bacteria do not grow at all aerobically or grow poorly, but grow better under 10% carbon dioxide or anaerobically. Anaerobic bacteria can be divided into strict anaerobes that can not grow in the presence of more than 0.5% oxygen and moderate anaerobic bacteria that are able of growing between 2 to 8% oxygen. Anaerobic bacteria usually do not possess catalase, but some can generate superoxide dismutase which protects them from oxygen.

The clinically important anaerobes in decreasing frequency are: 1. Six genera of Gram-negative rods (*Bacteroides*, *Prevofella*, *Porphyromonas*, *Fusobacterium*, *Bilophila*, and *Sutterella* spp.); 2. Gram-positive cocci (primarily *Peptostreococcus* spp.); 3. Gram-positive spore-forming (*Clostridium* spp.) and nonspore-forming bacilli (*Actinomyces*, *Propionibacterium*, *Eubacterium*, *Lactobacillus*, and *Bifidobacterium* spp.); and 4. Gram-negative cocci (mainly *Veillonella* spp.).

The frequency of isolation of anaerobic bacterial strains varies in different infectious sites. Mixed infections caused by numerous aerobic and anaerobic bacteria are often observed in clinical situations.

Anaerobic bacteria are a common cause of infections, some of which can be serious and life-threatening. Because anaerobes are the predominant components of the skin's and mucous membranes normal flora, they are a common cause infections of endogenous origin. Because of their fastidious nature, anaerobes are hard to isolate and are often not recovered from infected sites. The administration of delayed or inappropriate therapy against these organisms may lead to failures in eradication of these infections. The isolation of anaerobic bacteria requires adequate methods for collection, transportation and cultivation of clinical specimens. The management of anaerobic infection is often difficult because of the slow growth of anaerobic organisms, which can delay their identification by the frequent polymicrobial nature of these infections and by the increasing antimicrobial resistance of anaerobic bacteria to antimicrobials.

AEROBIC AND ANAEROBIC BACTERIA IN SUBGINGIVAL AND SUPRAGINGIVAL PLAQUES OF ADULT PATIENTS WITH PERIODONTAL DISEASE.

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Source

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Abstract

PURPOSE:

Clinical, epidemiological and microbiological examinations of adult patients with periodontal disease.

MATERIAL AND METHODS:

The study of population consisted of 21 subjects (13 female and 8 male) aged 38-58 years, treated in the Outpatient Department of Periodontology. Dental examinations were performed at an artificial light and using a WHO periodontometer, a mirror and a probe. Periodontal status was assessed by determination of the probing pocket depth (CPI), gingival state (GSBI according to Mühlemann and Son), and oral hygiene index (according to Silness and Loe). Material for microbiological examination was collected from subgingival and supragingival plaques of each patient. Additionally, pus was obtained from 8 patients and periodontal pocket fluid from 2 patients. The samples were examined for the presence of aerobic and anaerobic bacteria and *Candida* yeasts. Standard procedures were used for culture and identification of bacteria and fungi.

RESULTS:

Candida yeasts were not isolated from adults with periodontal disease. In 19/21 patients, cultures of both aerobic and anaerobic bacteria from subgingival and supragingival plaque samples were positive. A total of 42 bacterial strains were isolated from subgingival plaques, of which 24 (57.1%) belonged to 7 anaerobic species and 18 (42.9%) to 12 aerobic species ($p > 0.05$). There were more aerobic (33/53; 62.3%) than anaerobic bacteria (20/53; 37.7%) ($p < 0.05$) in supragingival plaques. Anaerobes were isolated more frequently than aerobes from the abscess ($p < 0.05$).

CONCLUSIONS:

1) In adult patients with periodontal disease, Gram-positive anaerobes, including *Peptostreptococcus*, were the predominant bacteria in the subgingival plaque. 2) While in the supragingival plaque, Gram-positive aerobic cocci (*Streptococcus* and *Staphylococcus*) were predominant.

Causes

Gingivitis is a form of periodontal disease. Periodontal disease involves inflammation and infection that destroys the tissues that support the teeth, including the gums, the periodontal ligaments, and the tooth sockets (alveolar bone).

Gingivitis is due to the long-term effects of plaque deposits. Plaque is a sticky material made of bacteria, mucus, and food debris that develops on the exposed parts of the teeth. It is a major cause of tooth decay. If you do not remove plaque, it turns into a hard deposit called tartar that becomes trapped at the base of the tooth. Plaque and tar-

tar irritate and inflame the gums. Bacteria and the toxins they produce cause the gums to become infected, swollen, and tender.

Injury to the gums from any cause, including overly vigorous brushing or flossing of the teeth, can cause gingivitis.

The following raise your risk for developing gingivitis:

- General illness
- Poor dental hygiene
- Pregnancy (hormonal changes increase the sensitivity of the gums)
- Uncontrolled diabetes

Misaligned teeth, rough edges of fillings, and ill-fitting or unclean mouth appliances (such as braces, dentures, bridges, and crowns) can irritate the gums and increase the risk of gingivitis.

Medications such as phenytoin and birth control pills, and heavy metals such as lead and bismuth are also associated with gingivitis.

Many people have gingivitis to a varying degree. It usually develops during puberty or early adulthood due to hormonal changes and may persist or recur frequently, depending on the health of your teeth and gums.

- Bleeding gums (blood on toothbrush even with gentle brushing of the teeth)
- Bright red or red-purple appearance to gums
- Gums that are tender when touched, but otherwise painless
- Mouth sores
- Swollen gums
- Shiny appearance to gums

In-Depth Symptoms:

The dentist will examine your mouth and teeth and look for soft, swollen, red-purple gums. Deposits of plaque and tartar may be seen at the base of the teeth. The gums are usually painless or mildly tender.

No further testing is usually necessary, although dental x-rays and dental bone measurements may be done to determine whether the inflammation has spread to the supporting structures of the teeth.

Periodontitis:

The goal is to reduce inflammation. The teeth are cleaned thoroughly by the dentist or dental hygienist. This may involve various instruments or devices to loosen and remove deposits from the teeth.

Careful oral hygiene is necessary after professional tooth cleaning. The dentist or hygienist will show you how to brush and floss. Professional tooth cleaning in addition to brushing and flossing may be recommended twice per year or more frequently for se-

vere cases. Antibacterial mouth rinses or other aids may be recommended in addition to frequent, careful, tooth brushing and flossing.

Repair of misaligned teeth or replacement of dental and orthodontic appliances may be recommended. Any other related illnesses or conditions should be treated.

The removal of plaque from inflamed gums may be uncomfortable. Bleeding and tenderness of the gums should lessen within 1 or 2 weeks after professional cleaning and careful oral hygiene. Warm salt water or antibacterial rinses can reduce the puffiness. Over-the-counter anti-inflammatory medications will ease any discomfort from a rigorous cleaning.

Healthy gums are pink and firm in appearance. Strict oral hygiene must be maintained for your whole life or gingivitis will recur.

Saliva May Be The Ultimate Bad Breath Remedy

The best bad breath remedy is not one that merely masks the problem for the longest amount of time. An effective bad breath product will treat the underlying cause without itself causing harmful side effects like dehydration which can actually worsen problems with halitosis. In most cases, you can eliminate bad breath by eradicating anaerobic bacteria and the toxins they secrete which are the actual causes of halitosis.

Anaerobic bacteria live inside of your mouth and there are literally dozens of different varieties contributing to a rich flora population. Under normal circumstances, bad breath and bacteria are not problems because there is a balance that exists between anaerobic and aerobic populations. Anaerobic bacteria are the causes of bad breath and they reproduce better in low-oxygen environments and their aerobic counterparts prefer the opposite.

When anaerobic bacteria combine with pellicle, a thin, white layer known as plaque is created. If you look at the back of your tongue or closely inspect your teeth when you awaken in the morning, you will find plaque and can remove with simple brushing or flossing. The anaerobic bacteria reproduce quicker behind a layer of plaque because it shields them from oxygen, saliva, and the very bad breath remedies you use to control bacteria.

If you do not remove the plaque and prevent bad breath when it is simple and easy, the thin layer will eventually harden into what is known as tartar. Anaerobic bacteria breed even faster when tartar is present and you are likely to develop an infection in your gingival tissue known as gingivitis, a mild but dangerous form of gum disease. Under normal circumstances, the oral flora are balanced and controlled by the body's natural bad breath treatment: saliva.

To really treat bad breath, you need to control the anaerobic bacteria without causing dehydration or dry mouth. Saliva naturally prevents bad breath in four ways:

- **Saliva removes bacteria excrement:** A chronic bad breath problem is caused by odors created by sulfur compounds excreted by anaerobic bacteria. A simple but effective bad breath cure, saliva removes the sulfur compounds and eliminates halitosis.

- **Lowers reproductive rates:** Saliva is rich in oxygen which lowers the bacteria population and the amount of excrement produced.
- **Enzymes:** Saliva contains special enzymes that help the body produce antibodies that directly eradicate anaerobic bacteria, the ultimate causes of bad breath
- **Removes food particles and dead skin cells:** Anaerobic bacteria populations are fed by food particles and dead skin cells in the oral cavity. Saliva remedies bad breath indirectly by starving the bacteria when we swallow.

Is saliva the ultimate bad breath solution? Well, if you use good oral hygiene and remove plaque from your teeth and the back of your tongue, then saliva should be able to effectively control the bacteria that cause bad breath. Just be sure to use bad breath care made from natural ingredients because chemicals and other synthetic ingredients are more likely to cause dehydration and lowered salivation rates.

WaterSmart Environmental, Inc. is a provider of waste-to-energy, food independence, water independence, and energy independence technologies and a manufacturer of highly engineered water purification components and systems. The company designs and builds a wide variety of water treatment equipment including packaged water and wastewater treatment plants, UltraPac™ aerobic package plants, OAT™ Process anaerobic digesters with associated energy production, aerators, filters, PuriSep™ and SmartWater™ oil/water and solids/liquids separators, RainDrain™ perimeter trench sand filters for stormwater runoff, dissolved air flotation separators, air strippers, complete skid assembled aqueous waste treatment plants, FilterFresh™ skid mounted potable water production plants, skid mounted wastewater treatment systems for laundromats, commercial laundries, and car/truck wash facilities with water reclamation and reuse, softeners, demineralizers, activated carbon treatment equipment, and water purifiers for domestic and international markets.

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