Use of cannabis indica extract in conservative dentistry

J.ŠIMEK and co-workers

At the dental clinic, we proceeded to clinical research into the effects of isolated Cannabis indica in September 1954. For the purpose of the comparison method with Ležovič's paste, we chose the same vehicle. The indications for us were: Caries prof., living tooth, then caries prof. with accidentally open pulp - living tooth, Caries associated with pulp hyperemia, pulpitis partialis serosa and exercendi causa treatment of uncomplicated gangrene teeth, in one case complicated by periostitis. We tried the Cannabis app in a total of 89 cases, so I don't list tables that would bear the seal of error of small numbers.

In the case of deep caries, lege artis preparation was performed in order to completely remove the decaying dentin. The applied paste was covered with phosphate cement and finished with the final filling, usually in the second or third visit. Of the 28 treated in this way (which represents 31.4% of all treated with Cannabis indica paste), 8 were completely unsuccessful, i.e. 9% of failures complicated by subsequent pulpitis (i.e. 28.5% of failures in the group of deep caries). In some patients, more than 2 follow-up visits were performed, in others only 2. Of these, 2 patients disappeared from the register (i.e. 2.2%): So far, we have recorded 18 successful cases, which corresponds to 20.2% of all patients treated with cannabis in other groups and 64% of cases of treated deep caries. The relatively high percentage of successes can be explained by a careful selection of suitable cases, yet no conclusions can be drawn for the error of small numbers.

In the case of Caries prof., complicated by accidental opening of the vital pulp, 12 out of 26 treated were completely unsuccessful (i.e. a full 46% of the treated in this group and ended either in sec. infection followed by pulpitis or painless necrosis of the medulla).

4 treatments were lost from the records. The rest, i.e. 38.4% of cases, have been successful so far. Again, we have to take into account the error of small numbers, and the overlapping of the pulp in itself by means of an indifferent, perhaps even anaesthesizing means does not mean anything to us in itself. Only histological examination will hopefully show us more.

In this group, more than in other groups, the high percentage of failures is striking, which, in our opinion, is caused primarily by an unsuitable ointment In this combination, the antibiotic adheres poorly to the cavity walls, leading to premature excretion of the fodf. cement and for penetration of cuts. infection into the medullary area.

Irritation associated with pulp hyperemia was treated in 18 patients. Absolutely unsuccessful were 7 cases, i.e. 39%. 5 patients disappeared from the register.

So far, 6 cases have been successfully treated, i.e. 33% subject to the error of small numbers.

Out of 12 patients with pulpitis partialis, 5 were completely unsuccessful and ended with engulfment of the entire medulla, which required its devitalization (i.e. 41%). 41% of cases successfully treated and still controlled = the result is favourable so far.

This chapter is extremely interesting and will certainly deserve further research, because although the marrow has been exposed almost everywhere, success and failure are divided by an equal part. Even in some cases of failure after immediate subsidence of other painful pulpitic symptoms, after a period of about 10 days they were restored to their full original wording and had to be eliminated by other ways of conservative treatment. In some cases of pulp inflammation due to exposed pulp, patients are clinically asymptomatic after 2 1/2 months. Certainly, there are still many problems, e.g. in the elaboration of clinical methodology. Only later, after a comprehensive histological, microbial, pharmacological, haematological examination, we will be able to say, after our longer experience, numbers that would serve as a basis for field practice. I am not yet mentioning the issues of treating a dead tooth, although our experience is promising, because the numbers are too small.

If we compare the whole method with the method of penicillin-streptomycin pastes, we can see that the effect of these pastes, especially after the addition of benzocaine instead of tricresol, is somewhat better. However, as I have already mentioned, both methods certainly deserve further comprehensive research and we agree with the words of Prof. Dr. Neuwirt, spoken in Tatranská Lomnica, that our workplace should do everything that is within its limits to be able to draw appropriate conclusions.

At the end of this preliminary report, I would like to thank prof. Dr. Kabelík and as. Dr. Krejčí for making the paste and many valuable advices.

SUMMARY

In deep caries, three-fifths of cases were successfully treated with a paste with active substances from Cannabis indica. This corresponds to the results with Ležovičová paste (a paste with a high content of streptomycin, penicillin, tricresol, or benzocaine).

The anaesthesia effect of extr. Cannabis, in many unsuccessfully treated cases there was a painlessness for many days, in many even painless necrosis.

The failure in many cases was probably caused by an unsuitable vehicle (the same vehicle used as in the case of Ležovič's paste) not releasing the antibiotic to the right extent. Further check-up, or histological and more suitable vehicle, will be the task of further work.

OÚNZ Rimavská Sobota, Slovakia, ENT department.
Chief Physician: Dr. Z. Lénárt.