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CLINICAL

CLINICAL REPORT ON THE EFFECTIVENESS OF DESY SPRAY® (GUNA-THROAT)

SUMMARY

Summary. 18 months after the launch of Desy spray® and Desy powder® on the market, the results of their clinical trials were evaluated. In particular, the effectiveness of using Desy spray® as a home treatment for dentine hypersensitivity from enamel abrasions and gingival retractions was examined. The clinical trials also gave a therapeutic result on concomitant parodontopathies.

The remedy Desy spray® in several countries is called Guna-Throat.

Desy spray® and Desy powder® (Guna, Milan) – formulated from an impromptu preparation based on Arnica comp. -Heel®, Dentin D12® and Calcium Hydroxide – are a development and improvement of the galenic(al) preparation. Some of the active elements of Arnica comp. -Heel® have been removed from the composition of the two products as they have no indications in the treatment of dentine hypersensitivity. The result is a synergic combination of homeopathised and non-homeopathised active elements that contribute to the effectiveness of the product as a whole. (Tables 1 & 2).

Given the substantial difference in the substances used in Desy spray® and Desy powder®, it was necessary to carry out a clinical trial on the effectiveness of the product for domestic use. The spray contains no Calcium Hydroxide whereas this accounts for around 50% of the weight of the powder preparation.

In the original trials - the results of which are also included in this report (Battistoni, 1998) (Tables 3, 4 and 5) – significant differences were noted in the early results of the treatment of dentine hypersensitivity.

The preparations without Calcium Hydroxide were able to improve the painful symptoms considerably, but it took longer to achieve a significant reduction in the pain compared with the preparations to which Calcium Hydroxide had been added. However, the therapeutic results obtained 4 or 5 weeks after the beginning of treatment had common characteristics.

In order to obtain more rapid results, it was therefore decided to add Calcium Hydroxide in a ponderable amount to the mixture of the powder product. However, it has not been possible to add the same component to the mixture of the spray product.

In the absence of this component, it would be advisable to start treatment for hypersensitivity due to retractions or abrasions by applying the powder product at a dental surgery, preferably mixed with a more suitable liquid and continuing the therapy using the spray product. Of course, in the case of hypersensitivity to prosthetic preparations, the only possible treatment would be to use the powder product during surgery sessions.

Since its entry on the market, Desy

● Arnica montana	D2
● Echinacea angustifolia	D2
● Echinacea purpurea	D2
● Hypericum perforatum	D2
● Hamamelis virginica	D2
● Achillea millefolium	D3
● Aconitum napellus	D3
● Atropa belladonna	D4
● Hepar sulphuris	D6
● Symphytum officinale	D8
● Dentin	D12
● Essential oils of pine and lemon	
● Calcium Hyrdoxide	
● Lactose	

Table 1

Composition of Desy powder®.

● Arnica montana	D2
● Echinacea angustifolia	D2
● Echinacea purpurea	D2
● Hypericum perforatum	D2
● Hamamelis virginica	D2
● Achillea millefolium	D3
● Aconitum napellus	D3
● Atropa belladonna	D4
● Hepar sulphuris	D6
● Symphytum officinale	D8
● Dentin	D12
● Essential oils of pine and lemon	

Table 2

Composition of Desy spray®.

spray® has been tested for its therapeutic effectiveness on pain caused by dentine hypersensitivity without preventive initialisation with the powder product.

Desy spray® was applied directly to the affected part with a short spray, at least 3 times a day for a period of no less than one month. In cases of particularly acute sensitivity, when it was not possible to apply the product directly on the affected tooth, people were advised to

apply the product in the immediate vicinity of the dental element, to encourage its in loco action as a result of the action of the facial mimic muscles. The applications should be carried out well away from pulps and, of course, the patient should not rinse out their mouth after the product has been applied.

126 patients were treated within 12 months. Each of them presented more or less marked hypersensitivity in various dental elements. On average there were 5 elements affected.

The patients were invited to assess the level of sensitivity and pain on a scale of 1 to 5, using the criteria already applied in the study on the impromptu preparation. The patients were divided up according to the assessment of the painful stimulus, rather than according to the number of teeth that showed the maximum level of sensitivity to the jet of air. The same column, therefore, includes all the patients who presented the same level of sensitivity. In some patients there could be several teeth affected, and in others there may only be one dental element responsible for the pain.

The assessment of the therapeutic results began from the second week of applications and ran for a period of three months. Possible localised and systemic reactions to topical application were also assessed, in addition to possible interferences with other homeopathic or homotoxicological remedies that may have been undertaken.

The analysis of the clinical results (Table 6) showed that the painful symptoms gradually lessened during the week after the applications commenced. The reduction is constant and what is extremely significant is that it had already begun after the first week of application, with the latency of the clinical effect being significantly reduced.

The results obtained remained stable for the entire observation period. Some patients showed a certain initial resistance

to the therapy, but this gradually reduced until it disappeared altogether. A significant clinical improvement was also seen in these patients. In some cases, some sensitivity remained to very prolonged or extremely intense stimuli – in all the patients there was sufficient improvement to allow normal resistance to thermal stimuli.

None of the patients suffered undesirable localised or general reactions after the application of the product, even for prolonged periods of time. During treatment with Desy spray®, some reported a significant reduction in the parodontal inflammatory phenomena from which they were suffering.

This situation prompted us to make a more detailed assessment of the effectiveness of the product on inflammations of the marginal parodontium. The clinical results confirm the effectiveness of our therapeutic proposal in this case as well. Furthermore, there were reductions in bleeding gums and, in some cases, a reduction in the movement in some dental elements.

Desy spray® can be usefully prescribed as a substitute for mouthwashes in the treatment of parodontopathy.

The formulation of the products allows for a low dilution of the active elements – this type of preparation limits the action of remedies on the symptoms presented, to a truly localised area. In fact, none of the patients treated showed signs of a systemic interest.

No interferences or interaction phenomena with other homeopathic or homotoxicological therapies were noted, regardless of the dilutions used for the other remedies.

As a result, the products examined can be used at the same time as other homeopathic remedies without the results of the latter being challenged or altered by the prolonged administration of Desy spray®.

The results obtained suggest that the

product has a long-lasting action. Some patients only carried out one cycle of therapy for around a month and had not suffered a recurrence of any particular sensitivity even a year after treatment was suspended. These cases imply that there are a reduced number of sensitive teeth and that their sensitivity is nearing the tolerance threshold.

Patients who are very sensitive to noxious stimuli and who have several dental elements affected benefit from the cyclical repetition of therapy with Desy spray®. In these cases, it is advisable to alternate periods of around two months of administration with a month without therapy, and repeat the cycles several times in order to obtain long-lasting results.

	Patients	Elements	Retractions/abrasions
Total	64	158	114
Group 1	38	95	76
Group 2	26	63	38

Table 3

Clinical study of the impromptu preparation: number of patients and dental elements affected, divided up according to group and pathology.

CONCLUSIONS

The use of the product Desy spray® in the treatment of dentine hypersensitivity enables you to obtain significant improvements in symptomology, both by using the product by itself and by continuing the treatment with Desy powder®.

This product does not have any local and systemic collateral effects and can also be used in conjunction with any

homeopathic therapy in progress.

Treatment with this product enabled symptomological improvements in parodontal inflammatory phenomena to be obtained, in the patients undergoing treatment. Its clinical use is therefore possible as a substitute for the usual mouthwashes in the treatment of all forms of inflammatory parodontopathy.

Beginning	1 week	1 month	3 months	6 months	12 months	18 months	Sensitivity Pain
	2	12	8	8	5	3	1
9	25	34	22	22	22	23	2
36	55	43	38	38	37	36	3
42	12	6	8	8	10	10	4
8	1				2	4	5

Table 4

Patients in Group 1 (95 total elements, 76 retraction or abrasions).

Beginning	1 week	1 month	3 months	6 months	12 months	18 months	Sensitivity Pain
		15	9	11	11	10	1
18	23	32	22	21	22	22	2
7	28	16	7	6	5	6	3
26	12	4					4
12							5

Table 5

Patients in Group 2 (63 total elements, 38 retraction or abrasions).

Beginning	After 1 week	After 4 weeks	After 3 months
	25	36	89
43	56	55	34
29	32	28	3
38	10	7	
16	3		

Table 6

_ Report presented at the V Meeting Club of Homotoxicology. Pisa, 26-27 February 2000.

Assessment of the effectiveness of Desy spray® (Guna, Milan) in the treatment of dentine hypersensitivity, in a group of 126 patients.

References

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