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ACUPRESSURE: UNORTHODOX THERAPY FOR GAGCASE SERIES Part-1

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ABSTRACT

Gagging is a normal defense mechanism which prevents foreign bodies from entering the trachea, pharynx or larynx[1].An exaggerated gag reflex is a known hindrance to dental procedures [2]. In such cases, any therapeutic procedure will be clinically challenging, both for the dentist who is unable to perform quality work, and for the patient who is unable to overcome the sensation, thus rendering the procedure difficult, even impossible[3]. Gagging-related problems accounted for approximately 20% of dental avoidance cases[4]. Two main categories of gagging patients have been identified: namely the somatogenic group and the psychogenic group[5,6]. Acupressure/acupuncture[7,8,9]is an efficient, methodical and coherent non invasive Interventions other than behavioural and pharmacological method.

Key words: Gag Reflex , Acupressure, Acupuncture.

INTRODUCTION

CASE REPORTS

Case 1

A 15year old female patient visited our department with a chief complaint of protruded upper front teeth. Case history revealed the patient had taken an orthodontic consultation in the past with another orthodontist and was unable to provide the diagnostic impressions due to excessive gag reflex. On clinical examination, the patient was diagnosed as having Angle's class I Dewey's modification 2 malocclusion, withmidline diastema , mild vertical growth pattern, potentially competent lips and a shallow mentolabial sulcus. Fixed mechanotherapy was planned in this patient. Initial diagnostic impressions were recorded successfully with acupressure technique at CV 24 [9]. Post treatment diagnostic impressions were also recorded successfully applying the same pressure point.

Case 2

A 13 year old female patient visited our department with a chief complaint of irregularly placed upper front teeth.During clinical examination, the patient was found to be very sensitive and gagging even with the placement of mouth mirror in her mouth. Examination also revealed Angle's class I dewey's modification 1 malocclusion, mild horizontal growth pattern, potentially competent lips and a average mentolabial sulcus. In this case, an alternative acupressure point on palm was coerced for initial examination and impression making. Fixed mechanotherapy was planned in the patient and post treatment results were procured successfully applying the same pressure point at each visit of the patient.

RESULT AND DISCUSSION

Many dental procedures such as obtaining maxillary impressions, mapping the posterior vibrating line for complete dentures, preparation of cavities, crowns or root canal treatment for posterior teeth, extraction of third molars, taking intra-oral radiographs especially for the posterior teeth may cause exaggerated gag reflex[10] .For some patients however, severe gagging can be elicited by the dentist's fingers or instruments contacting the oral mucosa or even by nontactile stimuli[11]. The persistence of the gag reflex in the adult shows an orofacial immaturity, commonly associated with multiple forms of dysphagia (difficulty in swallowing)[12]. Different levels in severity of gagging have been noted. Based on the severity an index has been proposed[13].

CONCLUSION

In order to handle a patient with gagging, the clinician has to understand its various underlying aetiological mechanisms, analyse the phenomenon and correct it by using therapeutic methods and techniques adapted to the respective aetiology[14].

Case 1

Pretreatment records

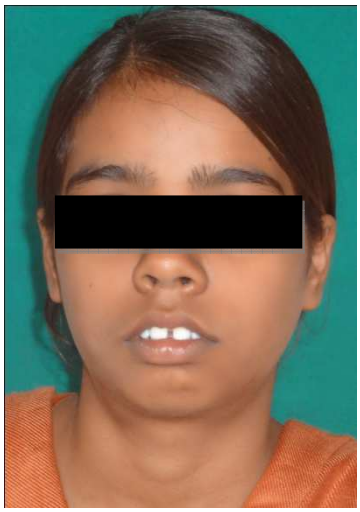

FIGURE 1

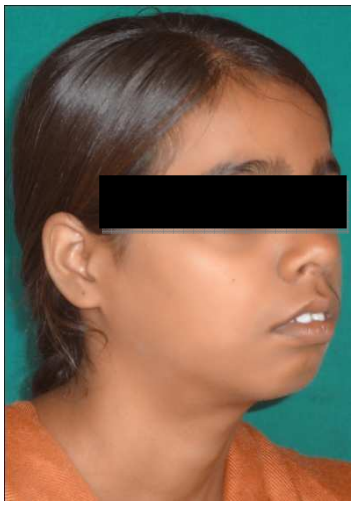

FIGURE 2

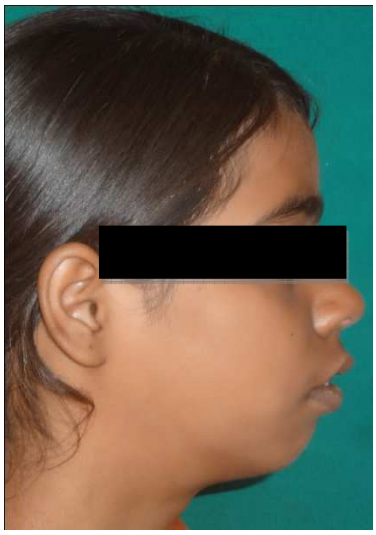

Figure. 3

Figure . 4

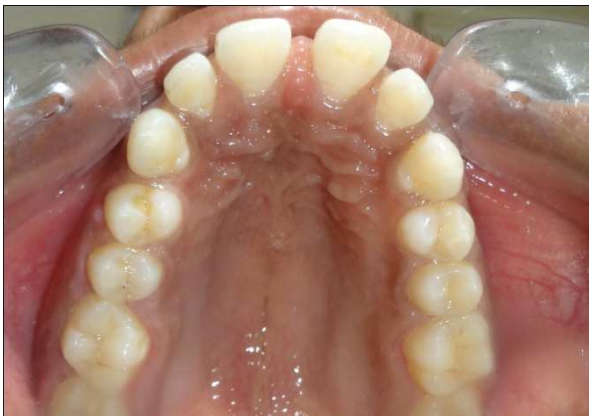

FIGURE 5

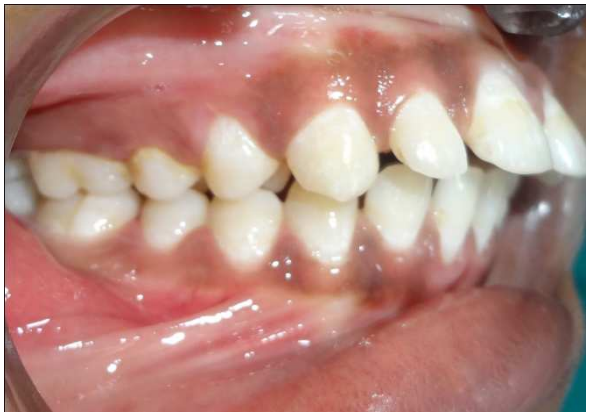

FIGURE 6

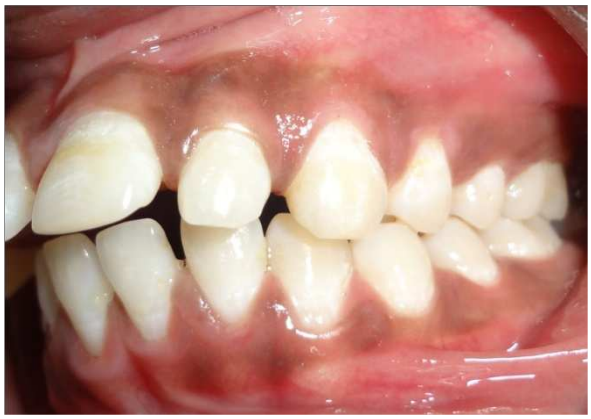

FIGURE 7

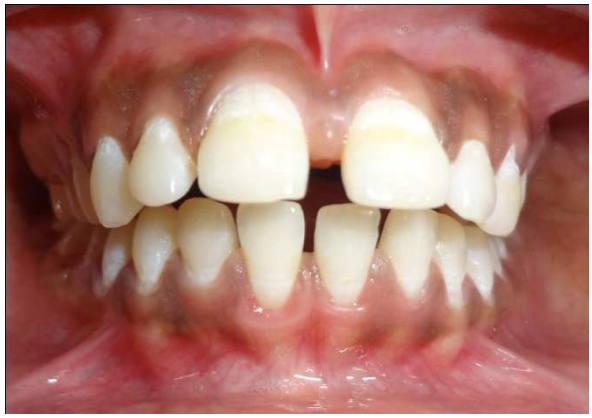

FIGURE 8

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