

BASICS OF PREVENTION OF PERIODONTAL DISEASES

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Periodontal is a complex multifunctional complex of tissues surrounding and holding the tooth, interconnected morphologically, functionally and genetically, and includes the gum, periodontium, tooth root cement and dental well (alveolus).

Periodontal diseases are one of the urgent problems of dentistry. This group includes all pathological processes occurring in the periodontium. They can be of varying severity and develop independently or against the background of general somatic diseases. Pathological processes in the periodontium can be inflammatory or dystrophic in nature (a combination of them is often observed). Periodontal diseases lead to significant violations of the dental system, the development of purulent-inflammatory diseases of the maxillofacial region and in most cases to infectious sensitization, chronic intoxication and changes in the immune status of the body.

According to WHO, every adult over the age of 30 suffers from periodontal disease to one degree or another. In the general structure of medical care for patients in medical and preventive institutions of the dental profile, periodontal diseases account for up to 90% of the total number of referrals and occur in people of different ages [8]. A sharp increase in the prevalence of periodontal diseases, the loss of a large number of teeth as a result of their progression, which in turn causes the occurrence of secondary deformities of the dentition and pathology of the temporomandibular joint, a violation of the act of chewing and speech, the effect on the general condition of the body and a decrease in the quality of human life require close attention of specialists to this pathology not only as a general medical but also a social problem.

An important role in the effectiveness of the prevention of periodontal diseases is played by the condition of the entire body, because this type of dental pathology is directly related to the general condition of the human body, with its somatic status and depends on it, which can facilitate or complicate preventive measures.

Of course, periodontal diseases are polyetiological in nature. According to the results of microbiological studies of the microflora of periodontal pockets, more than 350 types of bacteria have been isolated. Destructive forms of periodontal diseases are directly associated with anaerobic gram-negative microflora - porphyromonas gingivalis, actinobacillus actinomycetemcomitans, bacteroides forsythus [5]. Recent

studies have shown that *P. Gingivalis* is a critical pathogen in the development of pronounced forms of destructive periodontal diseases.

For many years, dentists, together with general practitioners, have been studying the relationship and interdependence of general somatic pathology with dental pathology. This is a completely natural process, because the human body is a single whole, and no matter how we "break it down" into separate areas for ease of study, nevertheless it remains so, and the processes occurring in one area inevitably affect the state of all other parts of it. This effect can manifest itself to varying degrees and is primarily due to the severity of the connections that exist between different areas of the body.

Back in 1891, W.D. Miller suggested that oral infection can affect human systemic health. In his article, he argued that oral infection can lead to the development of infectious processes in any part of the human body [4]. Subsequently, many works have been published both in support of this theory and against it. There was a very active study of these relationships back in the 1960s of the last century in the Soviet Union. Despite the fact that the technical capabilities of that time differed significantly from modern ones, during this period there was a conceptual revision of theoretical and practical views on many processes occurring in the human body. The basis for radical changes in views on the processes of development of the body is based on numerous discoveries that have occurred over the past half century. It was this circumstance that served as an impetus that led to increased interest in the etiopathogenetic foundations of the relationship and interdependence of systemic diseases with periodontal pathology. The oral cavity began to be considered again as an integral part of the entire body, rather than an area that exists in itself, having nothing in common with all other organs and systems. Such erroneous views have existed for several decades, and this approach led to a corresponding misunderstanding of the etiology and pathogenesis of oral diseases, which determined their narrow focus and, consequently, limited approaches to the prevention and treatment of dental diseases. We have tried to look at this problem through the prism of modern scientific publications and research.

A human being is a single complex self-regulating system of cells and non-cellular structures united by cellular, humoral, and nervous regulation mechanisms. This explains the relationship of dental diseases with the condition of other organs and systems and the body as a whole. Today, in modern conditions, there is an increase in the number of chronic diseases of a general somatic profile, which is associated with the deterioration of environmental conditions, especially in recent decades. The vital activity of the person himself plays an important role in this negative process. Adverse environmental conditions, global climate change, the emergence of forms of microorganisms resistant to antibacterial therapy, irrational nutrition, bad habits,

sedentary lifestyle, constant stress and many other causes often lead to the emergence and development of various chronic diseases and to a reduction in life expectancy.

It should be remembered that the nature of the course and severity of any somatic diseases will be aggravated against the background of chronic inflammatory diseases of the maxillofacial region. In turn, such local pathological factors as inflammatory periodontal diseases inevitably affect the features of the course of systemic diseases. At the same time, the more severe the general condition of the patient, the worse the condition of periodontal tissues will be [7].

Currently, there are works related to an increase in the incidence of cardiovascular pathology against the background of periodontal diseases, but their number is still small. Extensive research is required to explore the possibilities of reducing the risk of developing coronary pathology against the background of treatment of inflammatory periodontal diseases. There is still no consensus on the existence or absence of a relationship between periodontal disease and osteoporosis processes. Another ambiguous question: is aspiration of pathogenic microflora of the oral cavity the cause of aspiration pneumonia? In this regard, it should be noted that today we consider the unsatisfactory state of oral hygiene as one of the main causes of the development of aspiration pneumonia among elderly patients and people undergoing inpatient treatment [9].

Many scientists do not doubt the connection between periodontal diseases and diabetes mellitus. Diabetes mellitus is a heterogeneous group of disorders caused by various causes, characterized by hyperglycemia and including type 1 diabetes, formerly known as insulin-dependent, associated with the destruction of insulin-producing cells of the pancreas, and type 2 diabetes – insulin-independent. According to I. Bensch et al., diabetes is a common disease affecting 3-4% of the population [6]. Recently, there has been an increase in the number of patients with type 2 diabetes, which is obviously associated with a change in lifestyle and diet. Information about the relationship between diabetes and inflammatory periodontal diseases is confirmed by multiple studies. As a result of these studies, it was found that under the influence of bacteria on the background of diabetes mellitus, inflammatory mediators (interleukins, $\text{tnf-}\alpha$) are produced, contributing to the activation of osteoclasts, leading to bone resorption, and a decrease in the activity of osteoblasts responsible for bone formation. These reactions cease to balance each other, while destructive processes in the periodontium prevail, which are expressed in accelerating the destruction of the bone tissue of the jaws. All these processes take place against the background of a decrease in local immunity [7].

Periodontal diseases are the second most common after dental caries. This fact gives special importance to the prevention of this group of diseases, especially since recently there has been a worsening of their course, an increase in the number of people

with chronic generalized periodontitis of moderate and severe degree, with abundant supra- and subgingival hard dental deposits (tartar).

Primary prevention of periodontal diseases involves the following measures:

- rational and proper feeding of the child and his subsequent nutrition;
- training of the chewing apparatus for the purpose of normal periodontal formation (compensation of insufficient chewing load);
- timely orthodontic treatment with the use of multifunctional therapy (according to indications);
- training in the basics of rules and methods of individual oral hygiene;
- elimination of anomalies of attachment of the cords and bridles of the lips, tongue, correction of the small vestibule of the oral cavity;
- maintaining the oral cavity in a sanitized state;
- selective grinding of teeth in order to eliminate traumatic occlusion;
- timely full-fledged orthopedic treatment.

Secondary prevention of periodontal diseases consists in the treatment of early signs of emerging pathology of periodontal tissues in order to prevent their progression and the development of more severe conditions, namely:

The main measures for the prevention of periodontal diseases include:

- elimination of pathogenic and opportunistic microflora;
- fight against plaque formation processes;
- elimination of oral dysbiosis;
- thorough and regular individual oral hygiene;
- sanitation of the oral cavity;
- sanitation of the gastrointestinal tract;
- elimination of factors that interfere with the normal functioning of the salivary glands and the performance of its functions by saliva, if necessary, the use of saliva substitutes;
- fighting bad habits: smoking, excessive alcohol consumption, etc.;
- restoring mineral balance and salt metabolism in general;
- elimination of local traumatic factors;
- elimination of anomalies in the attachment of cords and bridles by surgical intervention;
- strengthening and maintaining general immunity by hardening the body, healthy lifestyle;
- restoration of local immunity of the oral cavity by eliminating the causes that cause a violation of its function;
- replenishment of deficiencies of vitamins, micro- and macronutrients due to their additional introduction into the body;

- the right combination of food products, leading to their proper assimilation and filling the lack of nutritional components;
- complete elimination of sugars from intermediate snacks and reduction of their amount during main meals.

Not to miss time for the most effective impact on the pathological process is the most important condition for any preventive and therapeutic measures.

Of great importance in the prevention of periodontal diseases, as well as other dental diseases, is the patient's commitment to preventive and curative measures. Fear of treatment, irregular visits to the doctor, failure to attend control visits, treatment only for acute pain, lack of a permanent attending dentist, ignoring dental health – these are the reasons that lead to loss of time, complication of treatment and aggravation of the course of the disease.

Do not underestimate the negative role of stress factors in the development of both somatic and dental diseases. Each of us needs to strive to minimize the number of stressful situations, reduce the impact of stress on the body, observe a work and rest regime, alternate periods of strenuous work with periods of relaxation, giving the body the opportunity to rest and rebuild.

Individual oral hygiene as a method of preventing periodontal diseases should be given special attention. It is known that the main etiopathogenetic factor of inflammatory periodontal diseases are pathogenic and opportunistic plaque microorganisms capable of biofilm formation. They can also support and provoke the further development of many chronic general somatic diseases, and the risk of occurrence, development and further progression of inflammatory processes in the oral cavity and general somatic diseases directly correlates with the degree of microbial contamination of the oral cavity. That is why dentists attach great importance to the quality of hygienic procedures performed by the patient and the individual selection of personal oral hygiene products, their effectiveness and safety. Modern therapeutic and preventive oral hygiene products (toothpastes, mouthwashers, balms, gels for gums) with proper selection and complex application, they can have a pronounced anti-plaque, antiseptic, anti-inflammatory effect, reduce bleeding gums due to the active components that make up their composition.

In severe periodontal diseases, hygienic measures alone are no longer enough - they must be combined with comprehensive treatment: conservative, surgical and orthopedic. Nevertheless, without high-quality oral hygiene, any therapeutic measures and manipulations will be ineffective.

The above-listed basic methods, methods and factors of preventive action on the body as a whole, as well as periodontal organs and tissues, clearly demonstrate that the prevention of periodontal diseases is a complex task, which requires conditions of both local and general nature, including social issues and problems of modern man.

In conclusion, let's pay attention to an important aspect: in order to succeed in the prevention of periodontal diseases, dentists must learn how to talk with their patients, otherwise all medical measures and manipulations will be useless as long as we only treat, seal, operate. The process of preventing any diseases primarily consists in a person's awareness of its necessity, and until doctors learn to work on a mental level, all preventive measures will be reduced to columns of figures in the reports of medical and social institutions and departments, insurance companies. Having once voiced to a patient any problem, including dental, especially in the field of periodontology, we mistakenly believe that its significance is now known to him and the topic can be closed. But this is a gross misconception: it is necessary to talk about the current topic of prevention until it is fixed in the patient's memory on a subconscious level. This motivational approach is the most reliable, and its effectiveness was confirmed in the last century, when they managed to achieve significant preventive changes only after each person felt the individual orientation of the preventive program. In this regard, the goal of any prevention program should be the individual, i.e. A person with his illnesses, domestic and professional problems, the nature and characteristics of nutrition and other factors that affect the specifics of developing a personalized program [1]. But all these measures will be effective only if each of us realizes that his life, health and longevity depend on how he treats himself and the world around him. To do this, a person must love himself, appreciate his body and take care of it.

List of used literature:

1. Asrorovna, X. N., Baxriddinovich, T. A., Bustanovna, I. N., Valijon O'g'li, D. S., & Qizi, T. K. F. (2021). Clinical Application Of Dental Photography By A Dentist. *The American Journal of Medical Sciences and Pharmaceutical Research*, 3(09), 10-13.
2. Ugli, A. A. A., & Bustanovna, I. N. (2024). STUDY OF THE CONDITION OF PARODONT IN PERIODONTITIS IN FETAL WOMEN. *European International Journal of Multidisciplinary Research and Management Studies*, 4(05), 149-156.
3. Kizi, J. O. A., & Bustanovna, I. N. (2024). FAMILIARIZATION WITH THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA IN ORTHOPEDIC TREATMENT. *European International Journal of Multidisciplinary Research and Management Studies*, 4(05), 89-96.
4. Bustanovna, I. N. (2024). Determination of the Effectiveness of Dental Measures for the Prevention of Periodontal Dental Diseases in Workers of the Production of Metal Structures. *International Journal of Scientific Trends*, 3(5), 108-114.
5. Bustanovna, I. N. (2022). Assessment of clinical and morphological changes in the oral organs and tissues in post-menopause women. *Thematics Journal of Education*, 7(3).

6. Bustanovna, I. N., & Berdiqulovich, N. A. (2022). ПРОФИЛАКТИКА И ЛЕЧЕНИЯ КАРИЕСА У ПОСТОЯННЫХ ЗУБОВ. *JOURNAL OF BIOMEDICINE AND PRACTICE*, 7(1).
7. Bustanovna, I. N. (2024). PATHOGENESIS OF PERIODONTAL DISEASE IN ELDERLY WOMEN. *Лучшие интеллектуальные исследования*, 21(3), 25-29.
8. Bustanovna, I. N. (2024). TO STUDY THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA DURING ORTHOPEDIC TREATMENT. *Лучшие интеллектуальные исследования*, 21(1), 9-15.
9. Bustanovna, I. N. (2024). CLINICAL AND LABORATORY CHANGES IN PERIODONTITIS. *Journal of new century innovations*, 51(2), 58-65.
10. Bustanovna, I. N. (2024). Morphological Changes in Oral Organs and Tissues in Women after Menopause and their Analysis. *International Journal of Scientific Trends*, 3(3), 87-93.
11. Bustanovna, I. N. (2024). Hygienic Assessment of The Condition of The Oral Mucosa After Orthopedic Treatment. *International Journal of Scientific Trends*, 3(3), 56-61.
12. Bustanovna, P. I. N. (2024). Further Research the Features of the Use of Metal-Ceramic Structures in Anomalies of Development and Position of Teeth. *International Journal of Scientific Trends*, 3(3), 67-71.
13. Bustanovna, I. N. (2024). The Effectiveness of the Use of the Drug " Proroot MTA" in the Therapeutic and Surgical Treatment of Periodontitis. *International Journal of Scientific Trends*, 3(3), 72-75.
14. Bustanovna, P. I. N. (2024). Research of the Structure of Somatic Pathology in Patients with Aphthous Stomatitis. *International Journal of Scientific Trends*, 3(3), 51-55.
15. Bustanovna, I. N., & Abdusattor o'g, A. A. A. (2024). Analysis of Errors and Complications in the Use of Endocal Structures Used in Dentistry. *International Journal of Scientific Trends*, 3(3), 82-86.
16. Bustanovna, I. N. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastoses. *International Journal of Scientific Trends*, 3(3), 62-66.
17. Bustanovna, I. N., & Sharipovna, N. N. (2023). Research cases in women after menopause clinical and morphological changes in oral organs and their analysis. *Journal of biomedicine and practice*, 8(3).
18. Bustonovna, I. N., & Sharipovna, N. N. (2023). Essential Factors Of Etiopathogenesis In The Development Of Parodontal Diseases In Post-Menopasis Women. *Eurasian Medical Research Periodical*, 20, 64-69.
19. Fakhriddin, C. H. A. K. K. A. N. O. V., Shokhruh, S. A. M. A. D. O. V., & Nilufar, I. S. L. A. M. O. V. A. (2022). ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI. *JOURNAL OF BIOMEDICINE AND PRACTICE*, 7(1).
20. Очилов, Х. У., & Исламова, Н. Б. (2024). Особенности артикуляции и окклюзии зубных рядов у пациентов с генерализованной формой повышенного стирания. *SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI*, 2(4), 422-430.

21. Ortikova, N., & Rizaev, J. (2021, May). The Prevalence And Reasons Of Stomatophobia In Children. In *E-Conference Globe* (pp. 339-341).
22. Ortikova, N. (2023). ANALYSIS OF ANESTHESIA METHODS FOR DENTAL FEAR AND ANXIETY. *Центральноазиатский журнал академических исследований*, 1(1), 8-12.
23. Ortikova, N. K. (2023). DENTAL ANXIETY AS A SPECIAL PLACE IN SCIENTIFIC KNOWLEDGE. *SCHOLAR*, 1(29), 104-112.
24. Исламова, Н. Б. (2024). ПАРОДОНТ КАСАЛЛИКЛАРИДА ОРГАНИЗМДАГИ УМУМИЙ ЎЗГАРИШЛАРНИ ТАҲЛИЛИ ВА ДАВОЛАШ САМАРАДОРЛИГИНИ ТАКОМИЛЛАШТИРИШ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, 43(7), 18-22.
25. Islamova, N. B., & Chakkonov, F. K. (2021). Changes in the tissues and organs of the mouth in endocrine diseases. *Current Issues in Dentistry*, 320-326.
26. Исламова, Н. Б., & Исломов, Л. Б. (2021). Особенности развития и течения заболеваний полости рта при эндокринной патологии. *ББК*, 56, 76.
27. Исламова, Н. Б., & Назарова, Н. Ш. (2023). СУРУНКАЛИ ТАРҚАЛГАН ПАРОДОНТИТ БИЛАН КАСАЛЛАНГАН ПОСТМЕНОПАУЗА ДАВРИДАГИ АЁЛЛАРНИНГ ПАРОДОНТ ТЎҚИМАСИНИНГ ДАВОЛАШ САМАРАДОРЛИГИ ОШИРИШ. *ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ*, 4(2).
28. Исламова, Н. Б. (2024). ПАРОДОНТИТ КАСАЛЛИГИДА ОРГАНИЗМДАГИ УМУМИЙ ВА МАҲАЛЛИЙ ЎЗГАРГАН КЎРСАТКИЧЛАРНИНГ ТАҲЛИЛИ. *Журнал гуманитарных и естественных наук*, (8), 23-27.
29. Islamova, N. B., & Sh, N. N. (2023, May). STUDY OF CHANGES IN PERIODONTAL DISEASES IN POSTMENOPAUSAL WOMEN. In *Conferences* (pp. 15-17).
30. Исламова, Н. Б., & Назарова, Н. Ш. (2023, May). Совершенствование диагностики и лечения хронического генерализованного пародонтита у женщин в период постменопаузы. In *Conferences* (pp. 13-15).
31. Islamova, N. B., & Nazarova, N. S. (2023). IMPROVING THE DIAGNOSIS AND TREATMENT OF CHRONIC GENERALIZED PERIODONTITIS IN POSTMENOPAUSAL WOMEN. *Conferences*.
32. Исламова, Н. Б. (2023). Гемодинамика тканей пародонта зубов по данным реопародонтографии.
33. Исламова, Н. Б., & Назарова, Н. Ш. (2023). МЕТОДЫ ИССЛЕДОВАНИЯ ЗАБОЛЕВАНИЙ ПАРОДОНТА У ЖЕНЩИН, НАХОДЯЩИХСЯ В ПЕРИОДЕ ПОСТМЕНОПАУЗЫ. In *АКТУАЛЬНЫЕ ВОПРОСЫ СТОМАТОЛОГИИ* (pp. 334-338).
34. Исламова, Н. Б. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastosis. *International Journal of Scientific Trends*, 3(3), 76-81.

35. Islamova, N. B. (2022). CHANGES IN PERIODONTAL TISSUES IN THE POSTMENOPAUSAL PERIOD. In *Стоматология-наука и практика, перспективы развития* (pp. 240-241).
36. Назарова, Н., & Исламова, Н. (2022). Этиопатогенетические факторы развития заболеваний пародонта у женщин в периоде постменопаузы. *Профилактическая медицина и здоровье*, 1(1), 55-63.
37. Иргашев, Ш. Х., & Исламова, Н. Б. (2021). Применение и эффективность энтеросгеля при лечении генерализованного пародонтита. In *Актуальные вопросы стоматологии* (pp. 305-310).
38. Иргашев, Ш., Норбутаев, А., & Исламова, Н. (2020). Эффективность энтеросгеля при лечении генерализованного пародонтита у ликвидаторов последствий аварии на чернобыльской АЭС. *Общество и инновации*, 1(1/S), 656-663.
39. Исламова, Н. Б. (2016). Сравнительная оценка противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. *Наука в современном мире: теория и практика*, (1), 41-44.
40. Исламова, Н. Б., Шамсиев, Р. А., Шомуродова, Х. Р., & Ахмедова, Ф. А. (2014). Состояние кристаллообразующей функции слюны при различных патологиях. In *Молодежь и медицинская наука в XXI веке* (pp. 470-471).
41. Исламова, Н., & Чакконов, Ф. (2020). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. *Общество и инновации*, 1(1/s), 577-582.
42. Исламова, Н., Хаджиметов, А., & Шакиров, Ш. (2015). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. *Журнал проблемы биологии и медицины*, (1 (82)), 41-44.
43. Исламова, Н. Б., & Чакконов, Ф. Х. (2021). Изменения в тканях и органах рта при эндокринных заболеваниях. In *Актуальные вопросы стоматологии* (pp. 320-326).
44. Nazarova, N. S., & Islomova, N. B. (2022). postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobiologik ko'rsatmalari va mexanizmlari. *Журнал "Медицина и инновации"*, (2), 204-211.
45. Nazarova, N. S., & Islomova, N. B. (2022). postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobiologik ko'rsatmalari va mexanizmlari. *Журнал "Медицина и инновации"*, (2), 204-211.
46. Sulaymonova, Z. Z., & Islamova, N. B. (2023, May). TAKING IMPRESSIONS IN THE ORAL CAVITY AND THEIR REDUCTION. In *Conferences* (pp. 21-23).
47. Sharipovna, N. N., & Bustonovna, I. N. (2022). Etiopatogenetic factors in the development of parodontal diseases in post-menopasis women. *The american journal of medical sciences and pharmaceutical research*, 4(09).
48. Sarimsokovich, G. M. (2023). LATEST METHODS OF STUDY OF PERIODONTAL DISEASE IN WOMEN. *European International Journal of Multidisciplinary Research and Management Studies*, 3(10), 242-250.

49. DENTAL PROSTHETICS. *Лучшие интеллектуальные исследования*, 18(4), 31-35.
50. Содикова, Ш. А., & Исламова, Н. Б. (2021). Оптимизация лечебно-профилактических мероприятий при заболеваниях пародонта беременных женщин с железодефицитной анемией. In *Актуальные вопросы стоматологии* (pp. 434-440).
51. Чакконов, Ф. Х. (2021). ЯТРОГЕННЫЕ ОШИБКИ В СТОМАТОЛОГИИ И ИХ ПРИЧИНЫ. In *Актуальные вопросы стоматологии* (pp. 925-930).
52. ЧАККОНОВ, Ф., САМАДОВ, Ш., & ИСЛАМОВА, Н. (2022). ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI. *ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ*, 7(1).
53. Xusanovich, C. F., Orzimurod, T., Maruf, U., & Ollomurod, X. (2023). PROSTHETICS A COMPLETE REMOVABLE PROsthESIS BASED ON IMPLANTS. *European International Journal of Multidisciplinary Research and Management Studies*, 3(11), 122-126.
54. Xusanovich, C. F., Sunnat, R., & Sherali, X. (2024). CLASP PROSTHESES–TECHNOLOGY IMPROVEMENT. *European International Journal of Multidisciplinary Research and Management Studies*, 4(03), 152-156.