

ORACARE⁺

ACTIVATED ORAL CLEANSER

The 28 Uses of OraCare™



Below is a list of uses being researched for OraCare™. It is known that active chlorine dioxide kills bacteria, fungi and viruses in vitro and is used to purify and deodorize in many applications throughout the food industry, municipal water supplies and waste control all over the world. All of the uses below have been done by dentists with success. This list is submitted so that dentists may be more aware of the science surrounding the potential potency and efficacy of the active chlorine dioxide in our products. It is also being submitted to dentists using our products who wish to participate with us in practical clinical use research studies we will be conducting. At the end of this list is important information about the comparison of this product with such products as Peridex, Closys, Oxyfresh and Therabreath, explaining why this is quite different from these products.

As a daily preventive care rinse for all patients

All patients can benefit from preventive measures and this rinse can replace the vast majority of preventive products suggested to patients by television advertisements and drug store clerks who have no dental training with the advice they give to customers. We all know it is better to prevent disease from starting than it is to try to cure it after it has established itself. A clean mouth is a healthy mouth. Dentist Select believes nothing on the market cleans and deodorizes the mouth better than Dentist Select Activated Oral Cleanser, so it makes sense that all patients could benefit from use of this product on a regular basis. In addition to that, this product is safe for incidental swallowing at any age.

(Instructions: We recommend this to all patients who want the cleanest mouth ever experienced. We do not recommend use on children under the age of 8 because some at this age swallow and do not know how to spit it out. Patients with relatively healthy mouths and no cosmetic restorations should use OraCare™ at least once or twice per day. It should also be brushed on the tongue to reduce bacteria levels there and help keep those tongue bacteria from seeding the gingival tissues. A tongue scraper is also useful as an adjunct to tongue cleaning with OraCare™.)

Pre operative rinsing

Before all dental procedures rinsing with OraCare™ will reduce the bio burden to help reduce bacterial aerosols in the field of operation, to possibly reduce risk for intraoral injections or those temporarily weakened in resistance and to promote healing. **(Instructions: Have a dual bottle of operatory OraCare™ cleanser in plain view of patients. Dispense the A and B liquids into the cup and tell the patient that it is an active form of chlorine dioxide which has been used to kill bacteria, fungi and viruses as-well-as help dissolve plaque. It will oxidize microbial toxins and odors. This will allow a cleaner field of operation and promote healing. It is something you consider important before injections to reduce the amount of bacteria introduced into the tissues. Tell the patient he or she will notice a very smooth, deodorized and clean feeling.**

Pre operative rinsing before general anesthesia intubation

It is documented that pre-operative rinsing of the oral cavity in the hospital before patients are intubated for general anesthesia with chlorhexidine reduces the number of cases of nosocomial pneumonia (HAP) complications. Many hospitals do not follow this protocol. We believe chlorine dioxide can do this and studies are being arranged to see if that is true. **(Instructions: Just before the patient is sedated for general anesthesia, have the patient rinse for 60 seconds and then brush the tongue, roof of mouth, inside of lip and teeth with OraCare[™]. Make sure they tip their head back and gargle the rinse on the throat as well.)**

Post operative rinsing

After any treatment, some dentists have the patient rinse with OraCare[™] that could reduce contamination of exposed wounds, remove bad tastes and smells, and promote healing. (Instructions: After any procedure in the mouth, these dentists have the patient rinse again with OraCare[™]. **Instructions are given including the information that this will help remove left over tastes, smells and clean out the margins of wounds of the VSC toxins that could slow wound healing.** (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)

Pericoronitis

Use the active rinse to irrigate under the tissue that is inflamed to possibly clean and kill bacteria that peroxide does not kill. Removal of volatile sulfur compounds (VSCs) produced by anaerobic bacteria is very helpful to promote wound healing. OraCare[™] oxidizes volatile organics better than almost any rinse known, promoting epithelial migration and basal cell membrane formation. It could help reduce pain as well. **(Instructions: In the office fill a curved irrigation syringe and irrigate under the inflamed flap of tissue and buccal fold with a mixture of activated liquid, rinsing out pus and debris. Send this curved syringe home with the patient and a supply of OraCare[™]. Show the patient how to irrigate these tissues and have them do so 3 times per day and also rinse the entire mouth afterward with another dose of OraCare[™] for at least one week.)**

Periodontitis

Patients can use this at home at least twice per day to help control bacteria, fungi and viruses. It can also be used in a water pulse irrigator to get the product further down into the pockets. **(Instructions: All periodontitis patients should be using a water flosser every day with water. At least twice per week place the mixed A and B rinse double dose in the water bath of a water pulse irrigator after allowing it to sit after mixing for 60 seconds to increase the active chlorine dioxide levels. Add only enough water to double the amount of rinse and then irrigate with a small tipped canula under the gingival margin. It can also be used full strength. Follow up with a full mouth rinsing for at least 60 seconds. Rinse the whole mouth at least one other time that day for a total of two full mouth rinses per day.)**

Gingivitis

Patients again can use this to control microbes. It will not stain the teeth and is effective on a broad spectrum of microbes. It does not affect taste buds or weaken composites and it also removes VSC toxins which increase gingival bleeding. **(Instructions: At least twice per day rinse with activated OraCare[™] after cleaning teeth with brushing and flossing. The last rinse should be just before bedtime.)**

Necrotizing Periodontal Disease and Necrotizing Ulcerative Periodontitis (NUP)

This has traditionally been treated with peroxide to kill the microbes but OraCare[™] not only removes these microbes but also oxidizes the toxins which are so destructive and painful. Healing is greatly promoted. **(Instructions: Rinse at least 3 times per day with OraCare[™]. Brush with an extra soft brush soaked with the OraCare[™] lightly removing the necrotic membrane and plaque from the teeth and gingiva. Place in the oral pulse irrigator and put it on the lightest pressure setting for irrigation. Irrigate as instructed for periodontitis.)**

Denture soaking and care

Denture micro-pores can harbor VSC toxins and smells, bacteria, Candida and plaque. Dentist Select Activated Oral Cleanser will kill microbes and clean and oxidize dentures really well. Active chlorine dioxide has been shown to dissolve biofilm plaques in vitro. **(Instructions: Mix a dose of OraCare[™] and let stand for 30 seconds then place into just enough water to cover a denture in a small container. Let soak for a half an hour. This rinse should not be used as an over night soak. After removing from the soak, brush all surfaces inside and outside of the denture with a very soft brush dipped in the denture soak liquid.)**

Pre root plane sulcular irrigation

Prior to root plane, irrigation of the sulcus with OraCare[™] helps remove microbes and toxins which, if not removed or reduced, can be introduced into the blood stream with instrumentation. It is also likely that microbes can be introduced to other areas of the gingiva that are not infected by scaling instruments. Anaerobic bacteria can be reduced significantly. **(Instructions: Draw up an endodontic syringe with OraCare[™] liquid and irrigate under the gingival margin of all teeth prior to instrumentation. Let it set for 90 seconds before instrumenting because sulcus fluid flow completely empties in that period of time and this is the maximum amount of time that the OraCare[™] can detoxify the sulcus. In addition some penetration of the small chlorine dioxide molecules into the tissue lining can occur. It is also a good idea to place the OraCare[™] into the ultrasonic scaler water reservoir. Dilute 4 doses of OraCare[™] with an equal amount of water and scale as usual with the treated water. The patient should also use the tongue scraper every day to reduce bacterial re-seeding of the gingiva.)**

Post root plane and laser curettage care

Use after root plane or laser assisted root planning to promote healing. **(Instructions: The patient should rinse at least twice per day for one week with light tooth brushing and no flossing for better attachment promotion. After one week the patient should come back for another finishing scaling for new exposed calculus from gingival healing and they should have another irrigation by the hygienist with sub-gingival OraCare[™] as was instructed for pre root plane irrigation using an endodontic syringe.) (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)**

Post oral surgery care

After oral surgery, have the patient rinse with OraCare[™] to promote healing for at least one week. **(Instructions: During surgery irrigate any infected or abscessed areas before closing the wound. Rinse once at the office after surgery and then have the patient rinse twice per day with OraCare[™] starting one day after surgery and continue at least one week.) (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)**

Osteoradio necrosis care

In addition to the hyperbaric oxygen and antibiotic care, rinsing with OraCare[™] can reduce the bio burden and oxidize the toxins in the surface areas of the wound promoting epithelial migration. **(Instructions: Patients should keep all teeth and the tongue very clean. Brush and floss the teeth thoroughly. Use the tongue scraper to rid the tongue of plaque. Use OraCare[™] rinse at least 3 times per day to remove VOC toxins and bacteria to promote epithelial migration and wound healing.)**

Bisphosphonate necrosis care

Again, in addition to the hyperbaric oxygen and antibiotic care, rinsing with OraCare[™] can reduce the bio burden and oxidize the toxins in the surface areas of the wound. **(Instructions: The instructions are the same as for osteoradionecrosis. Patients should keep all teeth and the tongue very clean. Brush and floss the teeth thoroughly. Use the tongue scraper to rid the tongue of plaque. Use OraCare[™] rinse at least 3 times per day to remove VOC toxins and bacteria to promote epithelial migration and wound healing.)** (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)

Apthus Ulcer, Chemotherapy oral mucositis and Lichen Planus care

Chlorhexidine does not help with healing these lesions and might actually make them worse. Chlorhexidine slows wound healing in general. OraCare[™] can clean toxins and may reduce pain for these lesions. **(Instructions: Patients should rinse with OraCare[™] twice per day and not use any toothpaste with sodium lauryl sulfate for apthous ulcers and mucositis. Aloe vera gels help with lichen planus and can help with ulcers when applied to these wounds.)** (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)

Dry socket care

Removal of bacterial volatile sulfur compounds produced by bacteria is essential to promote wound healing. No commercial rinse oxidizes volatile organics better than OraCare[™], promoting epithelial migration and basal cell membrane formation. **(Instructions: Traditionally sockets are cleaned with peroxide saturated cotton balls then irrigated with water. Use OraCare[™] instead. It may remove more microbes and oxidize VSC toxins to help clean the socket and promote healing. Then place your dry socket medication into the socket as usual.)** (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)

Extraction socket care

Again, removal of bacterial volatile sulfur compounds produced by bacteria is essential to promote wound healing. Nothing oxidizes volatile organics better than OraCare[™], promoting epithelial migration and basal cell membrane formation. **(Instructions: Having done a pre surgical rinse with OraCare[™], once the tooth is out, rinse the socket with OraCare[™] to remove bacteria and toxins. Send the rinse home with the patient and have them rinse twice per day starting the next day. Tell them this will help remove left over tastes, smells and clean out the margins of wounds of the VSC toxins that could slow wound healing.)** (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)

Implant placement care and bone graft/membrane care

In addition to rinsing with OraCare[™] before surgery to reduce bacteria levels, rinsing with OraCare[™] after implant and graft placement keeps bacteria and VSC levels down to promote wound healing. **(Instructions: After the osteotomy has been prepared, rinse the site with OraCare[™] to remove bacteria and microbial toxins, then place the implant or bone graft with membrane as usual. Rinse the wound afterward and have the patient use the rinse twice per day at home for one week at minimum.)** (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)

Implant failure care

Placing OraCare[™] in a Waterpik and irrigating around and under the gingival collar around implants can reduce significantly the bacteria and bacterial toxins present there to promote healing. **(Instructions: Before trying to surgically expose a site to clean out granulation tissue, have the dentist or hygienist try to improve implant health by irrigating in the peri-implant sulcus with a syringe filled with full strength OraCare[™] rinse at least 3 times waiting 90 seconds for each rinse to work. Have the patient place the mixed A and B rinse triple dose in the water bath of a water pulse irrigator after allowing it to sit after mixing for 30 seconds to increase the active chlorine dioxide levels. Do this twice per day. Add only enough water to double the rinse level and then irrigate with a small tipped canula under the gingival margin. Follow up with a full mouth rinsing for at least 60 seconds. Have the patient return in one week for another full strength irrigation by the dental professional and evaluate.)**

Candida infections

In addition to soaking dentures for 1/2 hour in diluted chlorine dioxide rinse, if the patient has dentures, rinsing with active chlorine dioxide can remove fungi like Candida. Patients should rinse twice per day or more. **(Instructions: If the patient has dentures, you must treat both the denture and the oral tissues. Mix two doses of OraCare[™] and let stand for 30 seconds then place into just enough water to cover a denture in a small container. Let soak for 1/2 hour. You should not use this rinse for over night soaking. After removing from the soak, brush all surfaces inside and outside of the denture with a very soft brush dipped in the denture soak liquid. For the oral tissues, have the patient use the OraCare[™] three times per day for one week and then go back to twice per day as usual. For some patients systemic anti-fungals may also be needed to rid the infection.)**

Halitosis care and sore throats

No commercial rinse oxidizes volatile sulfur compounds, amines and other volatile organics better than the active chlorine dioxide in Dentist Select's OraCare[™]. It is a long lasting treatment and does not just cover up those smells. Chlorine dioxide converts VSCs to harmless salts. In addition, it kills the bacteria that cause bad breath. This is a two level approach. **(Instructions: No mouth rinse containing significant amounts of alcohol should be used in an attempt to control bad breath. It dries the mouth and causes plasma proteins to seep through tissues into the mouth. These are used by bacteria to make more VSC odors. Use a tongue scraper to remove plaque on the tongue. Mix up a dose of OraCare[™] and then dip the toothbrush in the liquid and brush the tongue, roof of mouth, cheeks, surface of the tongue and inside of lips with the liquid. Then rinse the mouth with the OraCare[™] at least twice per day making sure you also tip you head back and get the liquid on the back of the throat and tonsils. This not only removes odors and nasal secretions there but can help with sore throats. Floss the teeth while the OraCare[™] liquid is in the mouth to bring as much of it as possible between the teeth and under the gum line in contact with the anaerobic bacteria. Water pulse irrigation with the OraCare[™] rinse can also be done if a patient wants even more help with the odors. Water pulse irrigation of the tonsils can also be done to remove food and tonsilloliths in the crypts. Nasal rinsing with mild salt water can help with odors coming from the nose.)**

Cosmetic treatment maintenance

No mouth rinse containing alcohol should be used on cosmetic bondings of any kind, including veneers, and direct or indirect composite restorations. They weaken bonds and discolor them. OraCare[™] should be recommended to all patients who have composite restorations or bondings done to make them look their best and last longest. **(Instructions: Almost no mouth rinse containing significant amounts of alcohol should be used to help maintain cosmetic restorations. They weaken bonds and discolor them. Use OraCare[™] twice per day as directed to keep teeth and cosmetic restorations clean. In addition to that chlorine dioxide oxidizes surfaces to increase whitening effects.)**

Post composite restoration maintenance

Again, no mouth rinse containing alcohol should be used on cosmetic bondings of any kind, including veneers, and direct or indirect composite restorations. They weaken bonds and discolor them. OraCare[™] should be recommended to all patients who have composite restorations or bondings done to make them look their best and last longest.

(Instructions: Almost no mouth rinse containing significant amounts of alcohol should be used to help maintain cosmetic restorations. They weaken bonds and discolor them. As with the instructions for cosmetic restorations, use OraCare[™] twice per day as directed to keep teeth and cosmetic restorations clean. After completing composites the dentist might want to advise the patient to refrain from using alcoholic rinses and to use OraCare[™] to help them last their longest.)

Crown and bridge warranty rules

Many dentists offer a warranty for their crown and bridge. Most require the patient come in at least every six months for check-ups and cleaning. In addition, we recommend each patient get a six month supply of OraCare[™] to maintain these restorations and that they stick to their use to keep this warranty in force. **(Instructions: Maintain these restorations with routine OraCare[™] cleansing and use the rinse in the water pulse irrigator to help maintain tissue health under bridges.)**

Orthodontic care hygiene

It is difficult to keep plaque off teeth with orthodontic appliances. Dentist Select OraCare[™] is recommended to help keep plaque down and keep VSC toxins at low levels to help keep the gingival overgrowth from getting out of hand. **(Instructions: In addition to rinsing with the OraCare[™] twice per day, placing it in the Waterpik or Hydrofloss irrigator will also help keep teeth clean. Active chlorine dioxide has been shown to penetrate and dissolve biofilms in vitro.)**

Immediate denture care and healing

Placing OraCare[™] in the denture and seating it after surgery will reduce significantly the bad smell of VSCs produced by bacterial growing on blood on the tissue. Removing the denture after having placed this rinse will demonstrate immediate and dramatic improvement of smell. This smell is not just disagreeable but impedes wound healing. Removing these VSCs will promote wound healing under the denture promoting epithelial migration and basal cell membrane formation. **(Instructions: After removing the teeth and performing alveoloplasty, rinse the mouth with OraCare[™] and then place a small amount of the rinse on the inner tissue side of the denture, then seat it. Have the patient rinse with this every time they remove their denture and also place some in the denture each time they seat it. Chlorine dioxide oxidizes VSCs which slow healing and might also reduce pain.) (Dentist Select anticipates it will recommend but has not yet recommended use on oral wounds.)**

Canker sores, oral warts and oral viral infections

Active chlorine dioxide is known to kill viruses, fungi and bacteria on environmental surfaces. We recommend use of this product on oral herpes, canker sores, oral warts, mononucleosis oral lesions and any oral infection that you think it might help. **(Instructions: Use twice per day as usual. On herpes on the outer lip place with a saturated cotton tip. Hold the cotton on the lesion for about one minute.)**

Cleaning your toothbrush

You do not need to place your toothbrush in an ultraviolet light sterilization chamber to sterilize and clean your toothbrush if you dip it in OraCare[™] because it will kill those microbes anyway.

Important information about Common Confusion of OraCare[™] with Sodium Chlorite Products Such As Oxyfresh, Closys, and Therabreath

It is quite common for people to ask us if this product is like Closys or Oxyfresh. The answer is no. Many people do not know that Oxyfresh, Closys, Smart Mouth and Therabreath do not contain significant amounts of the chlorine dioxide they might claim to have in them. These companies advertise that they contain “stabilized” chlorine dioxide. This is a misleading term and refers to sodium chlorite. This product is not claimed to kill bacteria. It is an oxidizing agent and will inactivate volatile sulfur compounds but it does not do so as well or as fast as active chlorine dioxide which our product has. Sodium chlorite will not kill microbes like bacteria, viruses, and fungi like our chlorine dioxide will do.

Sodium chlorite can be converted to chlorine dioxide with an acid at pH 3 or lower. This is too acidic to use as a mouth rinse. Chlorine dioxide cannot be placed in a bottle and shipped for any practical purpose because once mixed and the bottle is opened the chlorine dioxide gases out of the liquid and it becomes worthless in about 2 weeks. This is why almost no one has figured out a way to get this to patients in active form until now. Dentist Select's OraCare[™], gives you a fresh, optimal dose of active chlorine dioxide with every dose of mixed A and B solution. It is formulated for a safe pH level. It kills microbes and inactivates VSCs much faster and more thoroughly than sodium chlorite. It also oxidizes other volatile organic compounds sodium chlorite cannot do.

Important information about Common Confusion of OraCare[™] with products like Triclosan and Peridex

Peridex is an effective bacterial killer and is approved for use on gingivitis. Many do not know it is not approved for the treatment of periodontitis. Chlorhexidine is also not as effective on fungus and viral microbes. It also has some undesirable side effects which include bad taste, staining of teeth and restorations, interfering with taste bud function, and allergic reactions. Many do not know that there are documented cases of anaphylactic shock reactions of human patients to Chlorhexidine. It can only be given to patients for oral use by prescription. It is not recommended for long term use. It can impede wound healing and is not recommended for oral ulcers and cancer patients. It should not be swallowed. It does exist in Hibiclens hand cleaner at a much higher concentration and this is available over the counter. Some dentists have used this Hibiclens to combat halitosis by applying it off label to the back of the tongue in very small amounts.

Chlorine dioxide has been shown to kill more varieties of bacteria, including the anaerobic bacteria that cause bad breath and periodontal disease. It will also kill some viruses and fungi that chlorhexidine cannot do or does very poorly. It does not stain teeth, interfere with taste buds, or cause any known allergic reactions. It can be given long term and does not need a prescription.

Triclosan is an antibacterial/antifungal which is added to toothpaste and home cleaning products. Chlorine dioxide has no known resistant strains of bacteria forming in the mouth as is seen with triclosan and no black hairy tongue development as is seen with long term peroxide use. There is no release of free chlorine molecules and no formation of trihalomethane molecules associated with chlorine. There is no known formation of dioxins and chloroform that has been seen with triclosan. Thyroid hormone disruption is not seen with chlorine dioxide as is associated with triclosan.