

# Gingi-Pak Perio Armor 1.7% hydrogen peroxide cleansing gel

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As oral health-care professionals, we have many resources available to treat patients' ailments. Many of our oral hygiene instructions revolve around plaque biofilm removal, as we know that an abundance of pathogenic bacteria triggers disease, but patients have difficulty targeting gram-negative strains. Have you ever considered complementing your patients' at-home plaque removal efforts with oxygen therapy? Gingi-Pak's Perio Armor 1.7% hydrogen peroxide cleansing gel utilizes the power of oxygen—one of nature's most basic elements—to detoxify and heal diseased gingival tissue.

Hydrogen peroxide ( $H_2O_2$ ) has been recognized for its restorative abilities within the dental and medical communities for over 100 years. Part of this compound's superpower is its cytotoxic property, as communicated by a study conducted by Juven and Pierson in 1996.<sup>1</sup> They found that the transitional metal ions present in  $H_2O_2$  "generate more reactive and cytotoxic oxygen species such as the hydroxyl radical, which is a powerful oxidant, and which can initiate oxidation of biomolecules." When introduced into the oral microbiome,  $H_2O_2$  can break down the exopolysaccharide slime that encapsulates bacterial cell walls to penetrate and oxidize molecules from within. Once the pathogens have been killed,  $H_2O_2$  then debrides the treatment area to allow tissue to recover.

In addition to hydrogen peroxide's amazing antibacterial and debridement properties, studies have found it to be an effective aid in wound-healing. In 2017, Zhu and others stated that "hydrogen peroxide has been reported to act as a signaling molecule, driving redox-sensitive signaling mechanisms to improve dermal wound healing."<sup>2</sup> Once  $H_2O_2$  cleans the wounded tissue, it is able to assist in regulating cell behavior function, which will initiate exogenous augmentation and manipulation of the healing process. Put simply, injured tissue treated with  $H_2O_2$  can heal more quickly.

Perio Armor 1.7% hydrogen peroxide cleansing gel can assist in the management of periodontitis and gingivitis when topically applied to the affected area by reducing disease-causing bacteria, cleaning the tissues, and activating the body's healing response with cell regeneration. Patients



Image courtesy of Gingi-Pak

can utilize the power of oxygen therapy in the comfort of their own homes by applying a single ribbon of gel to each of their professionally made dental trays and wearing them for 15 minutes. If trays are not available, the patient can use a cotton swab to apply the gel directly to the gingival margin. Once the recommended time has passed, patients are instructed to brush the remaining gel from their mouth and rinse with water.

Aside from the therapeutic benefits of Perio Armor gel, patients can enjoy the gentle tooth-whitening effects and fresh breath made possible with the daily use of low-dose  $H_2O_2$ . Available in flavors exclusive to Gingi-Pak, patients can choose between fruity strawberry, fresh mint, or sweet bubble gum, making this medicament easy and enjoyable to use for individuals young and old. When patients begin to see and feel the advantages of using oxygen therapy in their daily home hygiene routine, compliance will be a breeze!

Hydrogen peroxide is a longtime staple in wound care; however, dental professionals have yet to fully tap into the many benefits associated with implementing locally applied gel into patients' daily home hygiene routines. Gingi-Pak's Perio Armor oral cleansing gel is an affordable, effective adjunct that enhances in-office therapeutic periodontal care. In as little as 15 minutes a day, gum disease won't stand a chance. **RDH**

## REFERENCES

1. Juven BJ, Pierson MD. Antibacterial effects of hydrogen peroxide and methods for its detection and quantitation †. *J Food Prot.* 1996;59(11):1233-1241. doi:10.4315/0362-028X-59.11.1233
2. Zhu G, Wang Q, Lu S, Niu Y. Hydrogen peroxide: A potential wound therapeutic target? *Med Princ Pract.* 2017;26(4):301-308. doi:10.1159/000475501



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