

How to use the ORAL7® range?

This schedule is only recommended for your patients. As much or as little of the products can be used as preferred.

Morning Brush with Oral7® Moisturising Toothpaste and follow by rinsing and gargling with Oral7® Moisturising Mouthwash.

Mid-Morning If suffering from Dry Mouth, apply some Oral7® Moisturising Mouth Gel.

Lunchtime If mouth and throat are very dry making it difficult to eat, swallow an inch of Oral7® Moisturising Mouth Gel before meal. Use any Oral7® product after meal, e.g. brush and rinse, or apply more gel.

Afternoon As for mid-morning.

Evening Meal As for lunchtime.

Bedtime As for morning. In addition, if required, apply Oral7® Moisturising Mouth Gel to keep mouth moist throughout the night.

For more information
on the ORAL7® range

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ORAL7®
cleanse. balance. moisturise.


Your three step approach to a fresh healthy mouth.

1 Cleanse ORAL7®
Moisturising Toothpaste



- Cleans away the bacteria associated with bad breath, sore gums, cavities and plaque
- Low foaming, No Sodium Lauryl Sulphate (drying agent)
- With Fluoride and Calcium
- Can be used in place of your regular toothpaste

2 Balance ORAL7®
Moisturising Mouthwash



- No alcohol + no menthol = no burning or stinging
- Keeps breath fresh
- Promotes healthy gums
- Cleans away the bacteria associated with bad breath, sore gums, cavities and plaque
- Re balances the Oral bio-system with natural enzymes when used in-between brushing

3 Moisturise ORAL7®
Moisturising Mouth Gel



- Extra beneficial for Dry Mouth sufferers
- 7 hours relief enables uninterrupted sleep
- Helps swallowing
- Soothes and protects gums
- Suitable for denture wearers and mouth breathers

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Your patients (and you) can benefit from the mouth watering experience of ORAL7

Balancing the mouth's natural flora for today's modern lifestyle!

Many of today's oral care products contain SLS or alcohol that can dry out the mouth following constant use. Now experience the difference:

- **ORAL7 Toothpaste**
no harsh drying or foaming detergent (SLS)
- **ORAL7 Mouthwash**
no alcohol.
enriched with calcium
- **ORAL7 Moisturising MouthGel**
soothes, lubricates and protects the mouth and gums for up to 7 hours.

The Mouth - A Complex Bio-System

The mouth is protected by a delicately balanced bio-system of enzymes and lubricants in the saliva, allowing beneficial bacteria to flourish and inhibiting the growth of pathogenic bacteria. The enzymes include the following:

- **Lysozyme**
a 'natural antibiotic' of the body, it destroys pathogenic bacteria by attacking their protective cell walls.
- **Lactoferrin**
an iron-binding protein which deprives pathogenic bacteria of iron, preventing them from binding to host cells.
- **Glucose Oxidase and Lactoperoxidase**
work together to generate a constant flow of (OSCN⁻) ions, a strong antibacterial agent present in saliva.

Your mouth is a window to your body's health

Antibacterial Effectiveness



Glucose oxidase and Lactoperoxidase system:

Research has demonstrated that a concentration above 100 micromolar of hypothiocyanite ion (OSCN⁻), generated by **Glucose Oxidase** and **Lactoperoxidase**, is effective against a wide bacteria spectrum:

Gram (+) bacteria	Viruses
Lactobacillus acidophilus	Herpes simplex, type 1
L. casei	Human immunodeficiency virus (HIV)
Streptococcus mutans	
S. sobrinus	
Listeria monocytogenes	Yeasts
Streptococcus aureus	Candida albicans
Peptostreptococcus anaerobius	
Gram (-) bacteria	
Escherichia coli	
Salmonella typhimurium	
Pseudomonas aeruginosa	

References:

1. Welk, A., Meller, CH., Schubert, R., Schwahn, Ch., Kramer, A. and Below, H. (2009) Effect of lactoperoxidase on the antimicrobial effectiveness of the thiocyanate hydrogen combination in a quantitative suspension test, BMC Microbiology 2009, vol. 9: 134.

2. Brosky, M. E. (2007) Strategies for Prevention and Management of Xerostomia, The Journal of Supportive Oncology, vol. 5, no. 5, pp. 215-225.

3. Sreebny, L. M. (2004) A useful source for the drug-dry mouth relationship, Journal of Dental Education, vol. 68, no. 1, pp. 6-7.

4. Kussendrager, K. D. and Van Hooijdonk, A. C. M. (2000) Lactoperoxidase: physio-chemical properties, occurrence, mechanism of action and applications, British Journal of Nutrition, vol. 84, Suppl. 1, pp. S19-S25.

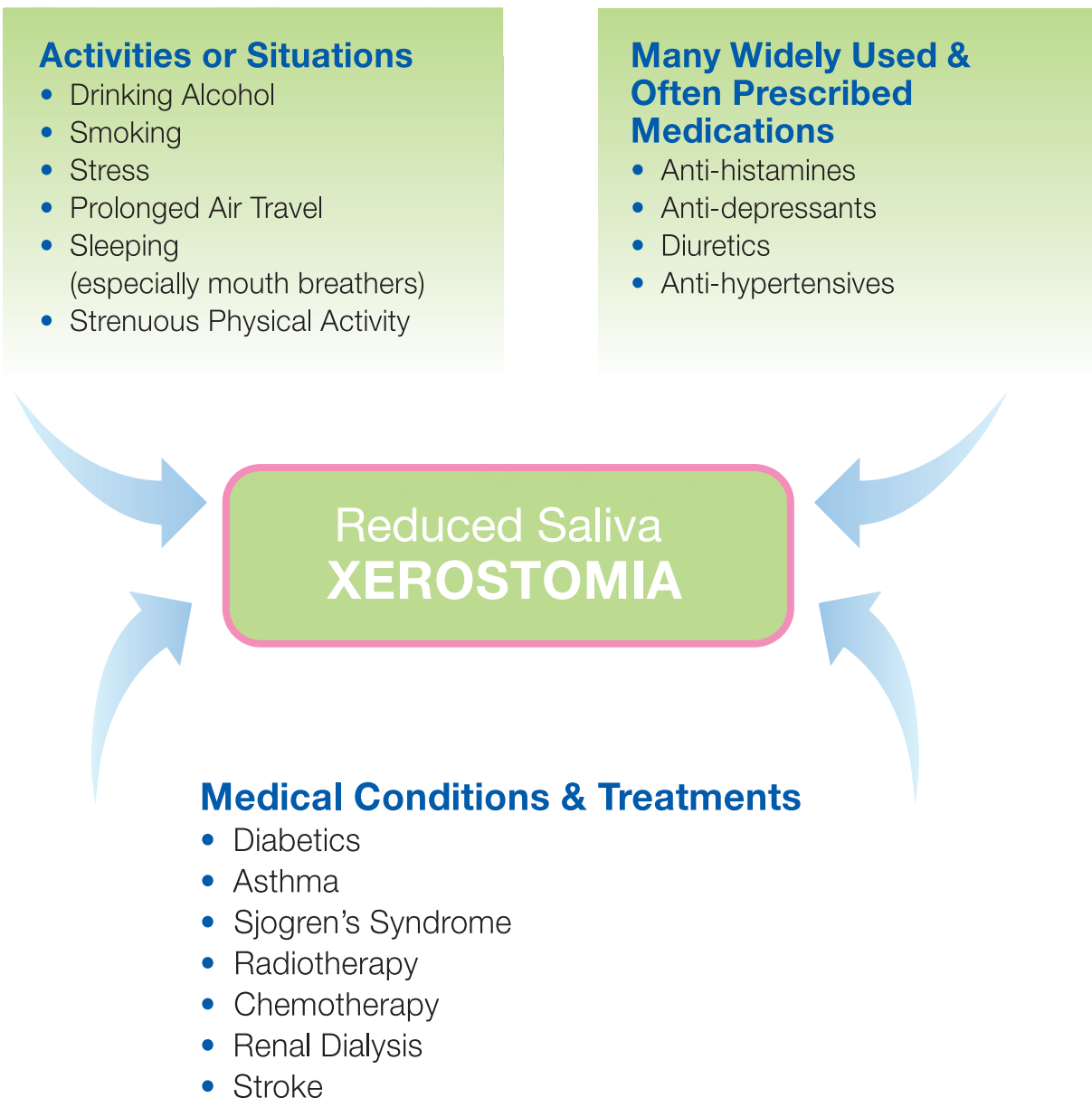
5. Herlufson, B. B. and Barkvoll, P. (1996) Oral mucosal desquamation caused by two toothpaste detergents in an experimental model, European Journal of Oral Science, vol. 104, pp. 21-26.

6. Herlufson, B. B. and Barkvoll, P. (1994) Sodium lauryl sulfate and recurrent aphthous ulcers. A preliminary study, Acta Odontol Scand, vol. 52, pp. 257-259.

7. Hall, H. D. (1993) Protective and maintenance functions of human saliva, Quintessence International, vol. 24, No. 11, pp. 813-816.

Some causes of saliva reduction in the mouth

A number of different factors can cause the mouth to produce less saliva, upsetting the delicate balance of the mouth's flora



Extra Beneficial for Those Suffering from Dry Mouth

A number of your patients suffer from constant thirst and sleepless nights, or having difficulty speaking or eating.

This can be due to their medications or medical treatments that in turn can cause "Dry Mouth" (Xerostomia), an uncomfortable condition resulting from the reduction of saliva in the mouth.

Dry mouth disturbs the mouth's natural flora, allowing pathogenic bacteria to flourish, leading to bad breath, tooth decay, receding gums, gum disease and aphthous ulcers.