DOES LASER INCREASE CANCER RISK?

This is a topic with a lot of controversy. Some think that because light stimulates cell growth, it would automatically stimulate tumor growth.

Low-power lasers and other cold laser sources have never been proven to cause cancer. However, these techniques are looked at with a great deal of caution for fear of their stimulatory effect on existing tumors and cancer cells. This apprehension arises because of reports that the proliferative activity of tumor cells may increase after their exposure to light.

The objective of the present review was to summarize the results of applications of low-power visible and near infrared radiation for the treatment of patients with cancer during the last 20-25 years. This study noted that 2-4 year follow-up observations have not revealed any increase in the frequency of tumor recurrence and metastasis. ([Vopr Kurortol Fizioter Lech Fiz Kult. 2009 Nov-Dec;(6):49-52.])

LASER HELPS DRY MOUTH

This clinical case study reports on dry mouth symptoms in a patient with Sjögren's syndrome (SS) who was treated with low level laser therapy (LLLT). A 60-year-old woman diagnosed with SS was referred to a dentist to treat her severe dry mouth. A diode laser was used to irradiate the parotid, submandibular, and sublingual glands, three times per week, for a period of 8 months. The salivary flow rate and dry mouth symptoms were measured before, during, and after LPT.

Dry mouth symptoms improved during LLLT. After treatment, the parotid salivary gland pain and swelling were no longer present. Treatment with LLLT was an effective method to improve the quality of life of this patient with SS. ([Spec Care Dentist. 2009 May-June;29(3):134-7.])

LASER RELIEVES PAIN THROUGH THE AUTONOMIC NERVOUS SYSTEM

This clinical case study reports on dry mouth symptoms in a patient with Sjögren's syndrome (SS) who was treated with low level laser therapy (LLLT). A 60-year-old woman diagnosed with SS was referred to a dentist to treat her severe dry mouth. A diode laser was used to irradiate the parotid, submandibular, and sublingual glands, three times per week, for a period of 8 months. The salivary flow rate and dry mouth symptoms were measured before, during, and after LPT.

Dry mouth symptoms improved during LLLT. After treatment, the parotid salivary gland pain and swelling were no longer present. Treatment with LLLT was an effective method to improve the quality of life of this patient with SS. ([Spec Care Dentist. 2009 May-June;29(3):134-7.])
The Japanese are very interested in the effect of the low level lasers on the autonomic nervous system. This blinded study found that low level laser induced hyperpolarization of the nerves, improved functioning of neuronal membranes, and increased intra-cellular ATP concentrations.

They also found that the effects of low level laser produced activation of the ATP-dependent K channel. They concluded that the effects of low level laser upon the autonomic nerve system were due to its normalization of the overloaded sympathetic nerve system. (Masui 2009 Nov;58 (11):1401-6.)

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Sincerely,

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