

Fungal burden in neurogenic diseases of the maxillofacial areas

Orlov M.N.

(Stavropol State Medical Academy, Department of Propedeutics of Dental Diseases, Stavropol, Russia)

Neurological diseases of the maxillofacial region (neuralgia, paresthesia, mouth burning syndrome, etc.) are quite common in clinical dentistry. Achieving sustained remission and ultimately improving quality of life is proving to be a daunting task. The reason for this is the complex interrelated mechanisms of the occurrence and maintenance of these diseases, including the presence of various burdens. In these cases, a chronic disease can be considered as a new stable pathophysiological state of a macroorganism.

To identify the cause-and-effect relationships of the occurrence of pathology and the selection of the necessary treatment, it is effective to use the autonomic resonance test (ART) using apparatus software complex (AIC) "IMEDIS-EXPERT". The study makes it possible to identify the key factors contributing to the occurrence and maintenance of neurogenic diseases of the maxillofacial region, to assess the mutual influence of organs and body systems. Predicting the effectiveness of the treatment, monitoring it during therapy is important to maximize the effect.

In previous reports, we reported that as a result of examination in patients with the described pathology, various complications were identified, among which neurotropic viruses were of significant importance. The applied techniques for the elimination of viruses led to an improvement in the condition of patients, and subsequently to remission of the disease for a certain period. However, about 32–35% of patients suffering from neurogenic diseases of the maxillofacial region had fungal burden. The symptomatology in such patients, as a rule, was much more pronounced.

The purpose of our work was to identify and eliminate fungal burden in patients with neurogenic diseases of the maxillofacial region.

To solve this problem, we used the vegetative resonance test, which is implemented at the APK "IMEDIS-EXPERT". All patients underwent testing to identify the dominant type of fungus and damage to the structures of the maxillofacial region.

The Fe met D60N index was used to identify the dominant fungus. In most cases, the fungus turned out to be *Candida albicans*. Somewhat less often *Candida krusei*, *Candida robusta*. The next task was to remove the found fungus. Considering that the onset or activation of a fungal infection takes place, first of all, in weakened patients, with reduced immunity, extensive use of antibiotics, we planned treatment after determining the adaptation reserves. In the case of their low level, the optimal ones were determined and the dosage of the adaptogen (propolis, *eleutherococcus*, etc.) was selected. After raising the adaptation reserves to "good third-fourth degree", a resonance-frequency

therapy for found fungi for 15–20 minutes, with a repetition at the same visit after a 20-minute break. To cleanse the first and second levels, rezoplexes (preparations of Dr. Schimmel) were prescribed from medical selector of APK "IMEDIS-EXPERT". Re-admission was prescribed two weeks later, when the dynamics of the patient's condition was assessed and the dosage of the drugs was adjusted. On average, treatment lasted 7–8 weeks. Only after the expiration of such periods, repeated testing did not reveal fungal burden.

In the course of treatment, the patients' state of health became consistently good. Work capacity improved, sleep and general mood improved. The reserves of adaptation by this time were at the level of good fourth degree - high third degree. By this time, the patients had no more pain. On the final session was preparing a general bioresonance preparation for maintenance of the general condition. Thus, the detection of fungal diseases of the maxillofacial region with significant and effective for the treatment of such patients. At the same time, persistent they managed to get remission within seven months. Research is ongoing.

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