Treatment of periodontal disease Malyavkin B.G. (Odessa, Ukraine)

Needless to say, the problem of paradontosis is global in nature. This, in particular, is evidenced by the extensive advertising on all television channels, where dentists promise to heal this ailment with their miraculous toothpastes. But the gums of people with age still become loose, and healthy teeth without any caries fall out of the gums.

The thing is that teeth (odonts) are very rigidly connected with specific meridians, organs and, ultimately, with homeostasis in all its diversity. Therefore, all more or less serious violations of an organ or metabolic nature inevitably lead to the defeat of odonts. By the way, centenarians, as a rule, rarely visit dentists.

From the above it follows that it is not necessary to treat periodontal disease as such, but to eliminate the causes that led to it. The following clinical observation can serve as a good illustration of this.

Patient M., 68 years old. For more than 12 years he has been suffering from paradontosis. During this time, he lost 12 teeth. There was practically no caries. It was just that the teeth began to loosen and had to be removed. Prosthetic. But the remaining teeth, on which the dentures were fixed, also began to swing. On radiographs - osteoporosis of the jaws, loosening and atrophy of the periodontium.

When testing with the help of ART, the patient's total BI is 5. All types of burdens are absent, the psychological load is not determined. Insulin is normal.

Dental alveoli have pathological fluctuations and BI = 7. They test a chronic inflammatory process, which is morphologically characterized by protein dystrophy. The factors that led the periodontium to such a state are a deficiency of trace elements, vitamins, hormones, enzymes and, as a consequence, local activation of bacterial and viral infections.

The meridians with which the problems of dental alvions are associated were the meridians of the heart, small intestine and spleen. The latter in this situation turned out to be the most affected, redundant and key, and the color that normalized it was yellow 5.

Subsequently, minerals, vitamins, hormones, and enzymes necessary for the alveoli were specified and entered into the recipe. Antibacterial and antiviral drugs and corresponding drains from OTI, Heel and OHOM were selected and tested for their effectiveness. In addition, to normalize the dental alveoli in the frequency section, a frequency of 2.5 Hz was selected, which, when tested, brought their BI to the optimal index equal to 5.

The algorithm for the treatment process was as follows. Along the key meridian of the spleen in the simultaneous mode of BRT, an inverse yellow color was applied with a factor of 5 until this meridian was normalized. At the same time, the meridians of the heart and small intestine also returned to normal. Right after this through Cu met. D400 from these three meridians in the simultaneous mode recorded a private BRP. Its dosage was tested through the dental alveoli. Then from the recipe, after checking for compatibility and effectiveness, complex preparations were recorded on the homeopathic grits: multivitamins (minerals + vitamins), antibiotic (antiviral and antibacterial drugs) and drainage, which also included hormones and rheumatology. The dosages of multivitamins, antibiotics and drainage are tested through the optimal index. In conclusion, the patient underwent bioresonance therapy for 20 minutes along the selected meridians with 2.5 Hz modulation using a loop magnetic therapy device connected to the BRT device through the frontal electrode input and fixed to the upper jaw.

Subsequently, the patient took daily BR-drug, multivitamins and antibiotics. In addition, 3 times a week he underwent BRT along the selected specified meridians with 2.5 Hz modulation and BRT load + organopreparation "alveoli D6" + antibiotic + drainage + multivitamins.

A week later, multivitamins were canceled as unnecessary, the rest of the drugs continued to work, their dosage was tested. The private BI of the dental alveoli changed from 7 to 6. A week later, the private BI of the alveoli was 5, while the antibiotic no longer worked and was canceled, and bacterial and viral burdens were no longer detected. The patient continued to take the BR drug and drainage. Finally, after another week, the total BI switched from 5 to 4. But it was as if we were treating only periodontal disease! The private BI of the alveoli also became equal to 4, i.e. became optimal. The BR-drug and drains continued to work for another week, after which they ceased to be effective and were canceled. The gums are almost back to normal.

conclusions

Paradontosis is a particular manifestation of homeostasis disorders. Therefore, his treatment should be comprehensive, purely individual and carried out only after the elimination of all burdens.

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