

Bioresonance therapy for chronic neurological diseases
maxillofacial area

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Chronic neurological diseases of the maxillofacial region (neuralgia, neuritis, mouth burning syndrome, etc.) are a serious problem in clinical dentistry. Achieving stable remission, and even more complete cure of these diseases, turns out to be a difficult and sometimes unresolved task.

The diagnostic capabilities of the equipment of the IMEDIS Center make it possible to carry out, in comparison with general clinical methods, deeper studies to identify the etiopathogenetic mechanisms of the onset and maintenance of chronic diseases, including neurological pathology of the maxillofacial region.

As a result of the examination, various complications were revealed in patients with the described pathology, among which neurotropic viruses (Epstein-Barr, cytomegalovirus, herpes simplex 1, herpes zoster) 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, there remained a certain percentage (about 23%) of patients in whom the disease resumed after four to seven months with varying intensity of manifestations. Repeated diagnostics revealed the same neurotropic viruses (in the same ratio) tested at the first admission.

The aim of our work was to identify the mechanisms of re-development of neurotropic viral infection in patients with neurogenic diseases.
maxillofacial area after previous treatment.

To solve the problem, it was applied using the ART + diagnostics with method. All patients received testing by four levels for the detection of neurotropic viruses. In 25% of the examined patients, when diagnosed at the first and second levels, previously tested viruses were not detected. In these cases, the indication worked only at the third and fourth levels. 75% of patients were simultaneously burdened with neurotropic viruses at all levels. In such patients, the symptoms of the disease were most pronounced. Important, in our opinion, was the identification of miasms at the fourth level that could support chronic disease.

Fe met was used to determine the dominant miasm. D60 N. In most cases, such a burden was cytomegalovirus. Somewhat less common are Epstein-Barr, Coxsackie, and herpes viruses. The next task was to remove the dominant miasm. We carried out treatment planning after assessing the adaptation reserves. In case of their low level, through Cu met. D400, the optimal parameters were determined and the dosage of the adaptogen (propolis, eleutherococcus, etc.) was selected. After raising the adaptation reserves to average, resoplexes were prescribed for the first and second level therapy (drugs

Schimmel of Drug Selector) as drainage aids. Reappointment was appointed in two weeks. The third level was influenced by the preparation A Naja, testing its dosage and frequency of administration. At the same time, it was important to use obligatory resoplexes to maintain drainage functions at the first and second levels. After the third level therapy (on average, 1.5–2 months after the start of treatment), B Vipera was used. The drug was tested for the number of globules and was given at the reception once.

In the course of treatment, the patients' state of health steadily improved. 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. At the final session, a general bioresonance preparation was prepared to maintain the achieved state.

Thus, the use of the MINI-EXPERT-D apparatus made it possible to reveal the presence of dominant miasms at the fourth level, to determine the treatment tactics and to control the course of therapy. At the same time, for more than a year, it was possible to obtain a stable remission in chronic neurogenic pathology of the maxillofacial region. Research is ongoing.

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