On the treatment of chronic neurological diseases of the maxillary facial area

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Chronic neurological diseases of the maxillofacial region (neuralgia, neuritis, glossalgia, mouth burning syndrome, etc.) are common in clinical dentistry. However, achieving a stable remission, normalizing the psychophysiological status and quality of life is a difficult and sometimes unsolved problem.

In the work presented at the previous conference, we described the identified relationships in neurogenic pathology of the maxillofacial region and the results of treatment using the ART + method. The remission was stable. However, dispensary observation of our patients revealed in
In 38% of cases, the presence of periodic depressive states, who are now patients focused on.

The purpose of our work was to identify the reasons emergence depressive disorders in persons who had neurogenic diseases of the maxillofacial region in the past and the selection of corrective therapy.

To solve this problem, we used diagnostics using the ART + method. All patients underwent direct testing at four levels for the detection of neurotropic viruses. In this case, a negative result was obtained. However, when the index to "depressive disorders" and "endogenous psychoses" (Mandragora (root) D30, D60) was used as a filter, the Epstein-Barr virus was tested at the fourth level.

We carried out treatment planning, as in all cases, after assessing the reserves of adaptation. At low rates, through Cu met. D400 was determined optimal and the dosage of the adaptogen (propolis, eleutherococcus, etc.) was selected. After raising the adaptation reserves to average, to activate the drainage channels of the first and second levels, resoplexes were prescribed (Dr. Schimmel's preparations from the IMEDIS drug selector). Reappointment was appointed in two weeks. The openness of the drainage channels of the third level was maintained with the preparation A Naja, by testing the amount and frequency of administration. At the same time, the use of resoplexes for the first and second levels continued. After a week of using A Naja, B Vipera was applied.

On average, for 2–4 days, the patients' state of health became consistently good. Work capacity improved, sleep and general mood improved. The reserves of adaptation have also increased. At the final session, a general bioresonance preparation was prepared to maintain the general condition.

Thus, the use of the MINI-EXPERT-D apparatus (the ART + method) made it possible to determine the tactics of treating patients with depressive conditions, revealing the relationship with the Epstein-Barr virus, which is not directly tested in direct measurement. We observe the stability of the result for five

months. Research is ongoing.

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