

Application of the method of Professor A.A. Hovsepyan in the treatment of acute neuralgia  
trigeminal nerve (case from practice)

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Patient G., 42 years old, turned to the Medical Center of the Future with complaints of edema of the left half of the face and severe pain in the upper jaw, orbit, frontal sinus and left temple. The disease developed acutely, on the eve of treatment, after hypothermia and was accompanied by an increase in body temperature up to 39 ° C. Before contacting us, the patient was examined by an ENT doctor and a dentist, an R-graph was performed of the paranasal sinuses and the teeth of the upper jaw - no pathology was revealed.

When viewed before diagnosis, the general condition of moderate severity. The left eye is completely closed with edema, the skin is hyperemic, hot to the touch, body temperature 38.8 ° C. Because of the severe pain syndrome, the patient took a combination of potent analgesics every 3-4 hours. Diagnostics was carried out according to the method of Professor A.A. Hovsepyan. using the ART + method.

According to the results of the diagnosis, inflammation of the trigeminal nerve with the following processes was revealed: catabolic processes 6 tbsp. activity, acidity 6 tbsp., 5 tbsp. depletion of ANS, Sympathicus D4, 2 tbsp. nutritional value. The following causative agents of diseases have been identified: gonococci, meningococci, diphtheria diplococci.

Diagnosis: neuralgia of the II – III branch of the trigeminal nerve on the left. To eliminate the symptoms of inflammation (pain syndrome, edema), through the optimal step in terms of adaptation reserves, a treatment chain was built according to the method of Professor A.A. Hovsepyan and an BRT session was carried out with the preparation of bioresonance drug No. 1. In addition to receiving BRP, resonance-frequency therapy was prescribed for the identified pathogens and drainage drugs.

From the very first day of treatment, the patient's condition began to improve progressively. Three days later, by the time of the second BRT session, the facial edema decreased to a minimum, the eye opened, and the body temperature dropped to 37.5 ° C. The pain syndrome decreased so much that the patient was treated with 3-4 analgesic tablets per day. On the fourth day, the left eye acquired the ability to see, but the patient began to complain of diplopia, which was apparently caused by a toxic effect on the oculomotor muscles, a burning sensation in the eye area, and lacrimation. Visually, the sclera of the left eye is heavily injected. The treatment was continued. On the fourth day, the second session of bioresonance therapy was carried out, frequency-resonance therapy for pathogens was continued. New drainage preparations were selected.

The third BRT session was performed 6 days after BR # 2 preparation. By this day, the patient's general condition is quite satisfactory. Diplopia, itching of the eyeball, swelling of the face completely disappeared. The pain practically does not bother, the patient took 1-2 tablets of sedalgin per day, mainly for prophylactic purposes. In the course of treatment, a newly prepared BR-drug was prescribed instead of the previous one. The drainage drugs that stopped working were canceled and new ones were selected. Resonant frequency therapy was continued in the same mode.

Another 7 days later, the final, fourth BRT session was performed. The patient has no complaints, feels well, and does not take medications. Lives and works as usual. The fourth session of BRT was necessary to bring physiological parameters back to normal. At the end of the treatment, the following processes were exposed: Trigeminal nerve D6, anabolic processes 1 tbsp. activity, alkalinity 1 tbsp. activity, 1 tbsp. VNS tension, Vagus nerve D6, 6 degree bactericidal.

So, in total, 4 BRT sessions were carried out, which resulted in a complete cure of trigeminal neuralgia, a disease that is very difficult to treat with conventional methods, which, turning into a chronic form, dooms the patient to excruciating suffering, often leading to disability. At the same time, the physiological indicators were brought to normal, the treatment was carried out as sparingly as possible and in a short time, without complications and side effects. Disability is minimal (the patient returned to work 4 days after starting treatment). Vision was restored in full, the patient has no complaints of visual impairment.

Conclusion: method of professor A.A. Hovsepyan showed high efficiency in the treatment of almost any disease that we had to deal with, we use it in our practice as the main one. And in cases of acute pathology, especially with severe pain, this method can hardly be overestimated. In light of the above, we sincerely thank Professor Hovsepyan for the excellent method of diagnosis and treatment and wish him new creative successes.

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