

Treatment of oral candidiasis complicated by cheilitis
on the equipment "IMEDIS"
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The lip structure is unusual. They are deprived of the protective stratum corneum, and the sebaceous glands, which secrete the life-giving hydrolipid mantle of the scarlet border of the lips, are located only in the corners. Constant exposure to the lips of the external environment, various infections, environmentally unfavorable conditions, lead to peeling, wrinkles, cracks, etc.

Often, when an infection joins, inflammatory diseases of the lips occur. One of the most common diseases of the oral mucosa is various forms of cheilitis. Cheilitis is an inflammatory disease of the lips with damage to both the mucous membrane itself and the red border.

In recent years, the number of patients with this type of pathology has increased significantly. The reasons for this are very different - this is the deterioration of the ecological situation, and the increase in the frequency of secondary immunodeficiency states of the body, diseases of the gastrointestinal tract, manifestations of allergies, etc.

Case from practice

Patient I., 54 years old. She turned to CEIM on 20.09.2008 with complaints of severe burning, itching in the oral cavity and on the lips. In the morning, an accumulation of white plaque with an unpleasant odor on the gums, tongue, cheeks and the red border of the lips, when trying to remove and clean off the plaque, bleeding was noted. Also, the patient notes weakness, irritability, weight loss, refusal to eat, prolonged constipation up to 3-4 days.

The patient had a history of constipation since childhood, often there were seizures in the corners of the mouth. After 45 years, she had multiple prosthetics, was diagnosed with periodontal disease, candidal stomatitis. During the last year, she was treated by a gastroenterologist with a diagnosis of intestinal dysbiosis, candidal stomatitis, cheilitis. According to the patient, the treatment had no effect.

On examination, the gums, mucous membranes of the mouth and lips are bright scarlet, the tongue is coated with a gray-white thick coating, an unpleasant sour-putrefactive odor from the mouth is palpable even at a distance of half a meter. The patient is lethargic, apathetic, asthenic.

An examination was carried out using the method of vegetative resonance test (ART), as a result of which it was revealed:

- indication of the presence of a radioactive load of the 3rd degree, target organs, stomach, large intestine, bile ducts;
- presence of electromagnetic loads;
- the presence of three or more biological indices (BI) - 7/8/10/14/15/17;
- viral burden (HSV) of the stomach, large intestine, bile ducts;

- fungi and spores (candida albicans, candida kefir, candida robusta, candida parapsilosis, saccharomyces cerevisie, penicillium notatum) in the large and small intestines, stomach, bile ducts;
- Intox III intoxication along the meridian of the stomach, large intestine, due to

fungal and parasitic (teniasis, hookworm infection, ascariasis) weights;

- meridian with max load - stomach meridian.

Treatment was prescribed:

1. The course of frequency resonance therapy at an intensity of 100 s the location of the "point inductor" in the oral cavity, the "loop" on the liver and the "round inductor" in the navel.

2. To record the BR-preparation, the resonance frequency therapy of fungi and parasites with an intensity of 100 and bioresonance therapy along the corresponding meridians, with a load of drainage preparations from the ONOM company.

3. Additionally, FM-specific drugs (Drosera) were prescribed, drugs Roy Martin's DETOX series, nosodotherapy, seroimmune.

4. Diet therapy. Fractional meals in small portions 5 times a day, complete elimination of sugars. Inclusion in the diet of products that suppress the growth of mushrooms (seaweed, carrots, lingonberries), a large amount of vegetable proteins (peanuts and other unroasted nuts, legumes), low-fat fermented milk products to normalize the biocenosis.

5. Vitamin therapy.

6. Colon hydrotherapy - monitor bowel cleansing from the first day resonance frequency therapy.

7. Hydrotherapy for a month with medicinal table mineral waters Sulimka and Donat Magniya.

8. Sanitation of the oral cavity with a solution of colloidal silver "Argenit", decoction of eucalyptus leaves, tea tree essential oil.

Already 2 days after the start of treatment, the patient noted an improvement (a decrease in itching and plaque in the morning and, as a result, a longer night's sleep).

After 2 weeks, the itching and burning were gone, the plaque was insignificant and not every day, the stool was regular once a day, BI 7/10/13/14. But there was a third degree psychological load along the meridian of the gallbladder.

Through the indications of effectiveness (Ferrum met. D 26), Roy Martin's "Stress" and "Eliminate the energy of anger" were selected, as well as the depression and stress programs. Additionally, tubage was prescribed at home to improve bile secretion and the intake of eubiotics.

A month later BI - 7/10/13, DNA, Intox are not tested.

In conclusion, bioresonance therapy was performed along all meridians. Type of therapy: temporal modulation according to the rhythms of the brain (rest program).

The patient was recommended for further observation and preventive treatment at the CEM.

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