

Diagnosics by R. Voll's method of clinical manifestation of "intolerance"  
gutta-percha and orthopedic structures

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Currently, there is a tendency towards an increase in intolerance to dental materials, characterized by persistent pain syndrome. In this regard, the search for the most effective diagnostic methods is quite relevant. One of the leading directions in this area is the use of electropunctural diagnostics according to the method of R. Voll.

The purpose of our research there was a test of the effectiveness of the method of diagnosis and therapy according to the method of R. Voll in dentistry.

We observed 80 patients with severe lesions of the oral mucosa (OOM): leukoplakia, lichen planus, stomalgia (photo in Fig. 1, 2, 3). In the history of patients, there was no positive effect from long-term general and local treatment. For the screening of the study, we used the method of electropunctural diagnostics according to the method of R. Voll with the use of the hardware and software complex "IMEDIS-EXPERT" (registration certificate No. FSR 2010/08232 | 9.07.2010). In the process of measuring the energy balance of organs and systems, not only the disease or its onset was detected, but also drug testing was carried out (selection of filling materials, orthopedic structures, etc.), which was taken into account in the local treatment of the oral cavity. More often cases of intolerance to removable prosthetics are known. Recently, we have observed rare cases of intolerance to gutta-percha and metal-ceramic fixed prostheses. Based on the analysis of the diagnostic results, the teeth were re-treated with the replacement of the intolerable filling material,

metal and plastic structures on indifferent materials.



Rice. 1. Leukoplakia of the tongue, verrucous form



Rice. 2. Leukoplakia of the hard palate, flat form.



Rice. 3. Leukoplakia of the cheek on the right, flat shape.

The effectiveness of using the traditional method was judged by improving the general condition of the body, normalizing the energy of internal organs and improving the clinical picture in the oral cavity.

Here are clinical observations.

1. Patient P., 41 years old, complained of constant intensive pain in the corner of the lower jaw on the right. Over the past three months, she noted a noticeable deterioration in her general condition: headache, heart pain, anxiety, irritability. From the history of the disease: it was found that pain first appeared in the process of endodontic treatment of tooth 4.7, a sharp deterioration in the condition was noted after prosthetics of the lateral part of the upper jaw on the right with a metal-ceramic bridge (the next day after fixation of artificial crowns at 46, 47). From the anamnesis of life: comorbidities - chronic brucellosis for 10 years (progressive course, neurovisceral form), osteochondrosis of the lumbar spine, polyarthritis, stage I hypertension.

A repeated in-depth examination of the cardiovascular system by echodopplerocardiography did not reveal any structural pathology. Psychiatric report: organic emotionally labile disorder

personality, symptomatic epilepsy.

The patient underwent dental construction material testing and filling and electropuncture diagnostics (EPD) according to R. Voll using the hardware-software complex "IMEDIS-EXPERT". An intolerance to filling materials was diagnosed: a positive test for gutta-percha and a sealer (sialapex), as well as a metal-ceramic prosthesis on the upper right (Ceromodentin) and fixing cement (Mealloy), for everything else a negative test. In order to diagnose changes in the temporomandibular joint, computed tomography (CT) was performed with three-dimensional reconstruction of the skull at the level of the temporomandibular joint; the diagnosis was made: dysfunction of the temporomandibular joint, hypermobility of the condyles (Fig. 4). After removal of artificial crowns, repeated endodontic treatment of teeth with replacement of gutta-percha and filling material was carried out. After removing the bridge and changing filling materials, the patient's general condition improved significantly. For further treatment, the patient was referred to the Department of Prosthetic Dentistry of the ASMU. The patient is now at the stage of orthopedic treatment aimed at normalizing the occlusal relationship of the dentition and the position of the lower jaw (restoring the bite height).



Rice. 4. Magnetic resonance imaging (MRI) of the temporomandibular joint

2. Patient M., 45 years old, complained of reddening of the skin of the cheeks,

burning of the mucous membrane, swelling Rash on the mucous membrane of the and mouth height. Considers himself sick cavity associates the resulting for 6 months, metal-ceramic prosthetics changes with bridges. After the appearance of a strong burning sensation in the mouth, turned to the attending dentist, who was prescribed flucanazole (10 days); applications with nystatin ointment; oral baths with herbal decoctions, vitamins B1, B12. After the treatment, Quincke's edema developed. Prescribed: intravenous prednisone, intramuscular suprastin. The effect of the treatment is positive. Allergic anamnesis was not previously burdened, but the patient's work is associated with chemical reagents.

When applying to the Department of Therapeutic Dentistry of the ASMU: the general condition is satisfactory, the skin of the cheeks is hyperemic. In the oral cavity: the tongue is covered with a moderate white coating, no rashes on the oral mucosa were found. There are no bridges in the oral cavity. According to the patient, the dentures were removed after Quincke's edema. There are still complaints of burning of the mucous membrane in the area of endodontically treated teeth. The patient was referred for EPD by R. Voll's method, blood test with a detailed formula, biochemical blood test, blood test for thyroid hormones, bacteriological examination of the oral microflora. Consultations of specialists are recommended: allergist-immunologist, gastroenterologist, endocrinologist. In the general analysis of blood, there is an increase in the level of eosinophils, a decrease in the level of mature reticulocytes. Endocrinologist's conclusion: chronic autoimmune thyroiditis, cystic-nodular goiter of the 1st degree. EPD by the method of R. Voll revealed a positive reaction to gutta-percha, fluconazole, to filling material in the root canals of teeth 2.4 and 2.5. Bacteriological examination revealed *Staphylococcus epidermidis* > 10<sup>4</sup>, diphtheroids > 10<sup>4</sup>. Repeated endodontic treatment of teeth with replacement of gutta-percha with indifferent materials was carried out. To correct the microflora of the oral cavity, a course of treatment with Imudon was prescribed. A hypoallergenic diet is recommended, a course of 30% sodium thiosulfate solution intravenously, activated carbon, 3 tablets each. 3 times a day 30 minutes before meals, cetirizine (10 mg) 1 tablet once a day (10 days). The patient notes a significant improvement in her condition. Now the patient is at the stage of orthopedic treatment, taking into account the individual tolerance and compatibility of construction materials used in the prosthetics process, which was determined using a preliminary EPD according to the method of R. Voll.

Electropuncture diagnostics by the method of R. Voll made it possible to quickly determine the "intolerance" of the body of filling and orthopedic materials and provide appropriate treatment.

The given data testify to the high efficiency of the method of diagnostics and therapy according to R. Voll in dental practice, especially in complex cases of combined lesions of the oral mucosa and internal organs, and make it possible to recommend it for widespread use in the practice of a dentist.

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