

"When there is no agreement among comrades"

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Everyone knows the saying "a chicken is not a bird, a dentist is not a doctor". But it would be more accurate to say that dentistry exists in some kind of autonomous mode, when diseases of, say, periodontal disease are treated only by a periodontist, although it is known from the institute that all somatic diseases are manifested and diagnosed in the oral cavity.

The reverse side of the coin is the treatment of ENT diseases without interaction with dentists, although from my 25-year practice in this area, it is obvious that the vast majority of sinusitis, especially unilateral odontogenic, i.e. a consequence of infection in the root canals of the upper lateral teeth, which often enter the maxillary cavity with their tips. It can be not only untreated teeth, but also the result of incorrect endodontic treatment or filling of canals with non-hardening pastes, which, even with high-quality filling, dissolve over time, creating foci of chroniosepsis. The same problems can appear in the presence of pathological gingival pockets of great depth, when, after treatment carried out by a periodontist, including antibiotics, mycosis develops in the oral cavity, penetrating through the pockets into the maxillary sinus, if a message remains.

In case of such complications, the IMEDIS equipment is used to test not only the streptococcal, staffylococcal group, protozoa and candidiasis, but also deep Aspergillus mycoses, the clinic of which is very similar to oncology.

Sanitation of the roots of the upper teeth with parallel treatment with endogenous and exogenous BR-therapy provides a guaranteed cure for such sinusitis. Depending on the pathogen, the drugs are selected by testing, but the autosodes of pathological secretions, the contents of the canals, the periodontal pockets, as well as the autosodes and urine work most accurately, and, depending on the pathogen, in some they work well directly with a gradual increase in potency, and in others - inversely, both with the use of the "open loop" technique, and by targeting. Also, according to the test results, drugs are selected from the selector, but with markers from the same autosodes. In parallel, drainages can be selected. After the removal of the acute process, the use of regeneration preparations is effective.

Exactly the same algorithm is used in the treatment of periodontal diseases, since local treatment can only relieve the next exacerbation, by the way, not always. It often happens that parallel antibiotic therapy only aggravates dysbiosis, from which, in turn, the condition of the mucous membranes worsens. To achieve a cure or, in chronic cases, a stable remission, you need to look for somatic causes. Here autosodes of feces and urine and saliva work most powerfully according to the above scheme and correction of nutrition.

Inflammation is also well relieved in case of problems with the adaptation of implants. So-called implantitis can be treated like periodontitis. There are unlimited possibilities for this in the IMEDIS equipment.

So, for example, the Volgograd Medical Academy, conducting research

dispensary group of children with rheumatic heart disease, found the relationship of this disease with the earlier treatment of tooth canals with pastes containing iodoform. After replacing the material with a preparation that did not contain iodoform, the condition in the study group of children improved dramatically.

Another example where a collegial approach is required: pulpitis of the lower lateral teeth irradiates into the ear of the corresponding side, simulating acute otitis media or exacerbation of chronic otitis media, and the causative tooth itself may be impacted, i.e. unerupted state, when it can be detected either radiographically or thanks to the IMEDIS equipment according to the markers "restrained wisdom teeth" and "impacted wisdom teeth" from the "Medpharma" group.

And, in conclusion, the diagnosis, which has not been described anywhere before and, in this regard, is difficult to diagnose: necrosis of the dental pulp from exposure to cell phone antennas. It manifests itself in the fact that in intact teeth, under the influence of antenna radiation, microcirculation in the capillaries of the tooth pulp is disturbed, which ultimately leads to its death and necrosis. There is pain when biting, inflammation of the gums in this area, a reaction of local lymph nodes. Moreover, teeth suffer in the area of the phone application. You are finally convinced of the existence of such a diagnosis when you see that the patient has the same problems in the mirror image. On the SRS phantom, such teeth are visible as foci of hypo- or hyper-stained, depending on the stage of the process, while at the initial stage of the disease there is no X-ray picture.

On phantoms, in general, foci and fields of interference in the head area are quite common. The energy of the meridians can be blocked by amalgam fillings (containing traces of mercury), dissimilar metals during prosthetics, patient's allergic reactions to dental materials, bite anomalies, both congenital and acquired as a result of tooth loss or incorrect prosthetics. Headaches, migraines, tics, allergies, digestive disorders, otitis media, sinusitis - these are just some of the causes that originate in the oral cavity, and these connections are clearly identified during testing.

Such pathological circles can only be broken by joint efforts, perceiving a person as a single organism, where everything is interconnected and cannot be treated autonomously, and may even aggravate the disease.

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M .:" IMEDIS ", 2011, v.2 - C.232-234