

Biofunctional assessment of the body and the results of correction deficiency conditions with burning mouth syndrome

M.N. Orlov

(GBOU VPO "Stavropol State Medical University

Ministry of Health and Social Development of the Russian Federation ", Stavropol, Russia)

Chronic pathological conditions, accompanied by a burning sensation in the oral cavity, are quite common in clinical dentistry. Certain schemes for the correction and rehabilitation of such patients have been developed. However, achieving sustained remission and ultimately improving quality of life remains a challenge. Unfortunately, the doctor often concentrates on a narrow area of a specific manifestation of a symptom of pathology, in particular on the oral cavity and adjacent areas. At the same time, a holistic approach to the patient's body remains for the most part a theoretical postulate that does not find practical implementation.

To identify causal interconnections and emergence of the above pathology, taking into account a holistic approach to the human body and the choice of effective methods of treatment, is the use of biofunctional methods, which include the vegetative resonance test. The hardware expression of its implementation is the hardware and software complexes (AIC) developed by the IMEDIS center (Moscow), in particular, IMEDIS-FALL. It allows you to carry out research to identify local and general factors that contribute to the emergence and maintenance of body pathology, including neurogenic diseases of the maxillofacial region. At the same time, the degree of imbalance of organs and systems of the body is assessed, deficiency states are determined. An important advantage of this method is also the ability to predict the effectiveness of the therapy and control the dynamics in the course of treatment.

In our previous works, we informed that as a result of examination in patients with the described pathology, various burdens were revealed, among which neurotropic viruses and mycotic burden were of significant importance. The applied techniques for the elimination of viruses from the nerve trunks and nerve ganglia, mycotic lesions of the oral mucosa led to an improvement in the condition of the patients, and subsequently to remission for a certain period. During the examination, we also paid attention to the indicators of lymphatic burden (which indicates that the body is slugged with non-excreted metabolic products), the presence of inadequate nutrition, lack of minerals and trace elements, vitamins, amino acids and, as a result, immunity depression. Moreover, it is obvious that that in individuals with smaller deviations from the norm during treatment, we received a longer remission. However, the overwhelming majority of those surveyed had pronounced deviations. In these individuals, remission was not so long, and there was a reappearance of viral and mycotic burden.

The aim of the work was to optimize the complex effects on the body patients with burning mouth syndrome with mandatory identification and

elimination of deficiency conditions.

Materials and methods

We observed 28 patients (25 women, three men) aged 38 to 63 years with a burning mouth syndrome. To solve this problem, preliminary testing was carried out on the "IMEDIS-FALL" agro-industrial complex. The Fe met index was used to determine the dominant type of mycotic, viral burden. D60N. In nine patients, the fungus *Candida albicans* was dominant. Somewhat less often (in four cases)

- *Candida krusei*, *Candida robusta*. Among the viruses, the herpes simplex virus, Coxsackie, Epstein-Barr were mainly detected. Considering that the onset or progression of pathology takes place, first of all, in weakened patients, with reduced immunity, prior to the use of antibiotics, we planned treatment after evaluating integrative indicators and, in particular, adaptation reserves. In the case of their low level, the optimal reserves for the given patient were determined and the dosage of the adaptogen was selected (tinctures of propolis, ginseng, eleutherococcus, etc.). After raising the adaptation reserves to optimal, so-called resoplexes (homeopathic preparations of Dr. Schimmel from the drug selector of the IMEDIS-FALL apparatus) were prescribed to cleanse the intercellular space as drainage agents. To eliminate deficiencies in minerals, trace elements, vitamins, biologically active additives were used: Nutri Pro® functional nutrition cocktail, Lactoferrin Gold 1.8® prebiotic, Nature's Plus vitamin and mineral complexes, such as B-complex, "L-Lysin", "Metal control". The amino acid L-glutamine has been recommended as a dietary supplement for indications of depletion of the immune system. Before the appointment, all patients underwent testing for tolerance and efficacy of the drugs. All biofillers were administered after testing for efficacy, tolerability, and optimal dosage. Re-admission was carried out after seven days, when the dynamics of the patient's condition was assessed and the dosage of homeopathic preparations was adjusted and resonance-frequency and bioresonance therapy was carried out for each type of mycosis or virus with the preparation of a bioresonance drug. Further visits were also scheduled in a week. To maintain the general condition after the course of therapy, a general bioresonance preparation was prepared at the final session.

Results and discussion

The above algorithm for working with all patients showed a fairly high efficiency of work with burning mouth syndrome. In the course of treatment, the patients' state of health became consistently good. Work capacity improved, sleep and general mood improved. The adaptation reserves after three weeks were at the level of good fourth degree, high third degree. The optimal course of therapy was 4–7 weeks. After these terms, repeated testing in 19 people did not reveal mycotic and viral burden, deficiency of minerals and trace elements.

The index of “nutritional inadequacy” was also not identified. By this time, the patients had stopped complaining. In nine patients, the positive dynamics became steadily stable after an additional two weeks. Indicators of the state of the immune system by this time became optimal with moderate degrees of stress without indications of exhaustion.

conclusions

Biofunctional assessment of the patient's condition allows for resonant frequency diagnostics with a higher accuracy and to select an algorithm for eliminating mycotic, viral burden in patients with neurogenic diseases of the maxillofacial region. Appointment of biorequipment with preliminary determination of their tolerance, effectiveness and frequency of administration for each patient individually, after 4–6 weeks in most cases eliminates deficient conditions of the body, ensures the restoration of protective systems and immunity, and helps to increase the duration of remission. Research is ongoing.

Literature

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