Anti-miasmatic therapy for neurological diseases maxillofacial area

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One of the urgent tasks of clinical dentistry is to achieve stable remission in patients with chronic neurological diseases of the maxillofacial region (MFO). Neuralgia, paresthesia, glossalgia, burning mouth syndrome, etc. cause a lot of suffering and significantly reduce the quality of life. The causes of diseases are complex interrelated mechanisms of occurrence and maintenance of these conditions, including the presence in the body of a sluggish neurotropic viral infection with a reduced immune status of the body.

The use of a vegetative resonance test (ART) with the use of appropriate equipment is quite informative for a relatively quick non-invasive method of examining a patient. The hardware and software complex (APC) “IMEDIS-EXPERT” developed by the IMEDIS Center (Moscow) allows testing to identify key factors that contribute to the occurrence and maintenance of chronic diseases, including the maxillofacial region, to assess the mutual influence of organs and body systems. Predicting the effectiveness of therapy, monitoring it in the course of treatment, and from this point of view, is no less important for the effectiveness of therapy.

Previous studies showed that as a result of examining patients with the described pathology, various complications were identified, among which neurotropic viruses were of significant importance. The applied techniques for the elimination of viruses led to an improvement in the condition of patients, and in the future - to remission of the disease for a certain period. Continuing to study the problem of chronic diseases, we turned to the works of Samuel Hahnemann. His works "The Organon of Medical Art" (1810) and "Chronic Diseases" (1828), although written in the century before last, remain relevant today. We again drew attention to the author's description of the so-called miasms - chronically remaining "contaminants" in the human body after an acute condition has been cured.

The aim of our work was to identify and eliminate miasmatic burden in patients with neurogenic diseases in the maxillofacial region.

To solve this goal, the ART method was used on the "IMEDIS-FALL" agro-industrial complex. All patients underwent testing to identify the type of neurotropic virus, both an active aggravating factor and miasmatic burdens in the examined.

We observed 16 patients (11 women and 5 men) aged 38 to 49 years. To determine the dominant viral burden

used pointers Interferon D30, Arsenicum album D200. The examined patients had various combinations of neurotropic viruses, such as herpes simplex type 1 and type 2, Coxsackie, Epstein-Barr. The priority task was to eliminate the pathogens found. Considering that the emergence or activation of a viral infection occurs primarily in weakened patients with reduced immunity, extensive use of antibiotics, treatment planning was carried out after determining integrative indicators and, in particular, adaptation reserves. In the case of their low level, the optimal adaptogens and their dosage (propolis, eleutherococcus, ginseng, etc.) were determined. After testing for efficacy, rezoplexes were prescribed as drainage agents (preparations of Dr. H. Schimmel from the drug selector of the IMEDIS-EXPERT apparatus). At the reception, resonance frequency therapy was carried out on the found viruses using devices for magnetic therapy "loop" and "belt" at an intensity varying from 85 to 100 units. All potencies of the nosodes of viruses were also determined, which were prescribed in the acute period of the disease from high potency to low, in the period of remission - from low potency to high. On repeated admission seven days later, the dynamics of the patient's condition was assessed and the dosage of the drugs was adjusted. Also carried out resonant frequency and bioresonance therapy with the creation of a general bioresonance drug. Return visits were scheduled one week later, and the entire course was seven to eight weeks. All potencies of the nosodes of viruses were also determined, which were prescribed in the acute period of the disease from high potency to low, in the period of remission - from low potency to high. On repeated admission seven days later, the dynamics of the patient's condition was assessed and the dosage of the drugs was adjusted. Also carried out resonant frequency and bioresonance therapy with the creation of a general bioresonance drug. Return visits were scheduled one week later, and the entire course was seven to eight weeks. All potencies of the nosodes of viruses were also determined, which were prescribed in the acute period of the disease from high potency to low, in the period of remission - from low potency to high. On repeated admission seven days later, the dynamics of the patient's condition was assessed and the dosage of the drugs was adjusted. Also carried out resonant frequency and bioresonance therapy with the creation of a general bioresonance drug. Return visits were scheduled one week later, and the entire course was seven to eight weeks.

Anti-miasmatic therapy was carried out one week after the acute period of the disease had subsided, or immediately after therapy and a negative test result for previously detected viruses in patients in remission. The choice of anti-miasmatic therapy was carried out through the identification of the dominant miasm. It was noted that in patients in the acute period, the dominant miasm was herpetic, and during the period of remission, others could be tested. However, as the drugs were taken and active burdens disappeared, the final indication was the herpetic miasm. We tested and prescribed ONOM drugs and, in particular, M5 Herpetic Miasm Comp. The patients were followed up for up to one year. After this period, retesting did not reveal herpetic burden.

In the course of treatment, the patients' state of health became consistently good. Working capacity increased, sleep and general mood improved. By this time, pain, paresthesias and other manifestations of neurogenic symptoms in the maxillofacial region in the patients under observation had significantly decreased or stopped altogether.

Output

The identification and elimination of neurotropic viruses and miasmatic burden in patients with neurogenic diseases of the maxillofacial region is an important aspect for effective therapy. At the same time, a stable remission of the disease was achieved within one year.

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