Application of vegetative resonance test and bioresonance therapy in patients with inflammatory periodontal diseases

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The use of vegetative resonance test and bioresonance therapy in patients with inflammatory periodontal diseases

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SUMMARY

Diagnostics and treatment of 40 patients with inflammatory periodontal diseases were carried out. All patients were divided into experimental and control groups (29 and 11 people, respectively). In the experimental group, in addition to oral hygiene and various surgical procedures, bioresonance therapy was carried out using the IMEDIS-EXPERT apparatus. In the control group, in addition to oral hygiene and various surgical procedures, chlorhexidine and metrogildent were used. The results of treatment were studied in the control and experimental groups. An analysis of the results of treatment in the experimental and control groups shows that the use of bioresonance therapy makes it possible to achieve the results obtained in complex treatment with the use of pharmacological preparations, but is not accompanied by side effects.

Key words: vegetative resonance test, bioresonance therapy, periodontal disease.

RESUME

Diagnosis and treatment of 40 patients with inflammatory periodontal diseases was done. All patients were divided into experimental and control groups (29 and 11 patients respectively). In the experimental group oral hygiene and various surgical procedures very accompanied by bioresonance therapy using the apparatus "IMEDIS-EXPERT". In the control group oral hygiene and various surgical procedures were accompanied by therapy with chlorhexidine and metrogyl dent. The results of treatment in the control and experimental groups were studied. The results of treatment in the experimental and control groups show that the use of bioresonance therapy can give results similar in efficiency to combined treatment with pharmacological drugs, but it's not accompanied by side effects.

Keywords: bioresonance therapy, vegetative resonance test, periodontal diseases.

Periodontal disease is one of the most difficult problems in dentistry. The periodontium is a complex of tissues with a genetic and functional commonality: the gum with the periosteum, periodontium, alveolar bone and tooth tissue. Pathological processes in it have been going on for years since

exacerbations and remissions.

Based on the analysis data WHO (World Organization Health), collected in 35 countries, among persons aged 31-44 years in 7 countries there is a very high (over 75%) prevalence of periodontal disease, in 13 countries - high (40 - 75%) and in 15 countries - moderate (less 40%); in the structure of which inflammatory processes such as gingivitis and periodontitis prevail. Periodontal diseases cause significant changes in the dentoalveolar system, adversely affect the function of digestion, psychoemotional sphere, reduce the body's resistance to the action of infectious and other factors, lead to sensitization of the patient's body [1; 2]. All this makes the application and research of new therapeutic and diagnostic methods in dentistry topical.

In this work, we present materials on the clinical use of ART and BRT [3, 4, 5, 7] in patients with periodontal disease.

Materials and methods

We examined and treated 40 patients. The distribution of patients by groups is presented in table. 1. Patients were divided into three experimental and control groups.

The first group included 12 patients, including: 3 patients with a diagnosis of mild chronic generalized periodontitis (CGP), 9 patients with severe chronic generalized gingivitis (CGG) who did not undergo surgical treatment.

The second group included 9 patients, including: 4 patients with a diagnosis of chronic generalized periodontitis of mild severity, 3 patients with moderate severity, 2 patients with chronic localized periodontitis (CLP) of moderate severity, who underwent surgery (open curettage). The third group included 8 patients, of which: 2 patients with a diagnosis of moderate chronic generalized periodontitis, 3 patients with a severe degree, 1 patient with severe chronic generalized periodontitis in the acute stage, 2 patients with chronic localized severe periodontitis who underwent surgical intervention (flap surgery).

Table 1

Distribution of patients by groups

Диагноз	I группа	II группа	III группа	Контроль-ная группа
ХГП тяжелой степени			3 (10,3 %)	
ХГП средней степени тяжести		3 (10,3 %)	2 (6,9 %)	3 (27,3 %)
ХГП легкой степени тяжести	3 (10,3 %)	4 (13,8 %)		5 (45,4 %)
ХЛП средней степени тяжести		2 (6,9 %)		
ХГГ тяжелой степени	9 (31, 1 %)			
ХГГ средней степени тяжести				3 (27,3 %)
ХЛП тяжелой степени тяжести			2 (6,9 %)	
ХГП тяжелой степени тяжести в стадии обострения			1(3,5 %)	
Всего	12 (41,4 %)	9 (31 %)	8 (27,6 %)	11 (100 %)

The control group consisted of 11 patients, including 5 with a diagnosis of chronic generalized periodontitis of mild severity, 3 patients with a diagnosis of chronic generalized periodontitis of moderate severity and 3 patients with a diagnosis of chronic generalized gingivitis of moderate severity. Before the start of treatment and at all its stages, patients underwent an assessment of the state of periodontal tissues and the hygienic state of the oral cavity, for which periodontal indices were used: the Simplified Green-Vermilion hygienic index [8], the Milleman bleeding index (Muhlemann, 1971), the Russell periodontal index [12].

When treating patients in all groups, training in individual oral hygiene followed by professional supervision was carried out. Removal of supra- and subgingival dental plaque using ultrasound using the Piezon-Master 400 apparatus and the Er-Flo sandblasting method. Splinting of mobile teeth was carried out using the material "Glasspan" and "Glassdent", sanitation of the oral cavity, including the treatment of caries and its complications, functional selective grinding, according to indications, tooth extraction and orthopedic treatment were performed. Surgical treatment also included periodontal operations (open curettage, flap surgery).

The hardware and software complex "IMEDISEXPERT" was used for diagnostics and therapy. Electro-acupuncture diagnostics was carried out using the method of autonomic resonance test (ART). Patients were selected for individual exposure to an alternating magnetic field using a device for magnetic therapy "Inductor".

Treatment was carried out with frequencies selected individually by the ART method from the list: periodontitis, gum inflammation, bacterial burden (Streptococcus Alpha, Bacteroides fragilis, Streptococcus mitis, Streptococcus pyogenes, Actinobacillus actinomycetemcommitans, Streptococcus sanguis, prevotella intermedia). Alsonosodes were used: inflammation of the periodontal pocket, staphylococcus, bacteroids, streptococcus, anaerobic peptostreptococcus, organopreparations: gums, dental alveoli, drainage preparations from the selector of the APK "IMEDIS-EXPERT". In the postoperative period, frequencies were added as needed for

regeneration cells, improvements local circulation and anti-inflammatory frequencies.

The treatment was carried out according to a certain scheme. On the day of treatment, drainage preparations were tested by the ART method and resonant frequency therapy of bacterial burden, removal of dental plaque. Then, within 7 days, the patient was prescribed suitable homeopathic drainage preparations orally and in the form of rinsing. At the second admission, the patients underwent open curettage or flap surgery as indicated. In the postoperative period, exogenous therapy was carried out at the required frequencies for 8 sessions with an interval of every other day. After the end of therapy, on average, after 20 days, the periodontal condition was retested.

Research results and their discussion

Clinical evaluation of the effectiveness of treatment of patients is presented in table. 2, 3, 4, 5. The first group included patients with a diagnosis of severe chronic generalized gingivitis and patients with a diagnosis of mild chronic generalized periodontitis who refused the proposed surgical intervention, which affected the periodontal parameters presented in Table. 2. So, against the background of the treatment, there was a slight decrease in the periodontal index (PI) in patients with mild periodontitis during the first week from 5.0 ± 0.06 to 4.8 ± 0.03, with a subsequent decrease to a value of 4 , 6 ± 0.06, which, nevertheless, corresponds to the presence of destructive changes characteristic of the third stage of the disease. In patients with severe gingivitis, we observed a decrease in the periodontal index from 1.8 ± 0.06 (value,

table 2

Results of treatment of patients of group I

Параметры	До лечения	Через неделю	Через 20 дней
Пародонтальный индекс (PI) (пародонтит легкой степени тяжести)	5,0 ± 0,06	4,8 ± 0,03	4,6 ± 0,06
Пародонтальный индекс (PI) (гингивит тяжелой степени тяжести).	1,8 ± 0,06	1,1 ± 0,03	0,2
Глубина пародонтальных карманов (пародонтит легкой степени тяжести, мм)	2,2 ± 0,04	2,0 ± 0,04	1,9 ± 0,05
Индекс кровоточивости по Миллеману	2,2	1,2 ± 0,07	0,4 ± 0,06
Упрощенный гигиенический индекс OHI-s (Грина-Вермиллиона (ИГВ))	1,8 ± 0,01	0,1 ± 0,09	0,1 ± 0,03

As for the depth of periodontal pockets, it differed insignificantly at different stages of observation. So, before the start of therapy, it was 2.2 ± 0.04 mm, after a week - 2.0 ± 0.04 mm, and after 20 days - 1.9 ± 0.05 mm. A decrease in the Milleman bleeding index from 2.2 to 1.2 ± 0.07 after a week and a decrease after 20 days almost to the norm of 0.4 ± 0.06. The indicators of the simplified hygienic index OHI-s (Green-Vermillion (IGV)) decreased from 1.8 ± 0.01 to almost the same indicators after a week and 20 days, respectively, to 0.2 ± 0.01, which can also indicate motivating patients to oral hygiene.

Table 3

Results of treatment of patients of group II

Параметры	До лечения	Через неделю	Через месяц после хирур- гического вме- шательства
Пародонтальный индекс (PI)	5,2 ± 0,05	5,0 ± 0,01	0,2 ± 0,03
Глубина пародонтальных карма- нов, мм	3,1 ± 0,06	3,0 ± 0,02	1,5 ± 0,07
Индекс кровоточивости по Миллеману	1,9 ± 0,09	1,1 ± 0,08	0,1 ± 0,07
Упрощенный гигиенический индекс OHI-s (Грина-Вермиллиона (ИГВ))	1,5 ± 0,09	0,2 ± 0,03	0,2 ± 0,01

In the second and third groups (Tables 3 and 4), we observed almost the same decrease in indicators. In the second group, the periodontal index decreased from 5.2 ± 0.05 (value corresponding to stage III of the disease) to 5.0 ± 0.01 after a week and to 0.2 ± 0.03 after 30 days, which corresponds to the initial stage of the disease. ... The depth of periodontal pockets decreased from 3.1 ± 0.06 to 3.0 ± 0.02 after a week and to 1.5 ± 0.07 30 days after surgery and bioresonance therapy. The bleeding index decreased from 1.9 ± 0.09 to 1.1 ± 0.08 after a week and to 0.1 ± 0.07 after 30 days, which is normal. Indicators of the simplified hygienic index OHI-s (Green-Vermillion) decreased from 1.5 ± 0.09 to 0.2 ± 0.03 in a week and remained at the same level of 0.2 ± 0.01 in a month. In the third group, the periodontal index decreased from 6, 5 ± 0.06 to 6.2 ± 0.06 in a week and up to 0.3 ± 0.01 in a month, which corresponds to the initial stage of the disease. The depth of periodontal pockets decreased from 5.1 ± 0.01 to 4.9 ± 0.03 after a week and to 1.7 ± 0.04 30 days after surgery and bioresonance therapy. The Millman bleeding index decreased within a week from 2.5 ± 0.04 to 1.6 ± 0.08, after 30 normal values of 0.2 were recorded. The direction of changes in the indicator of the simplified hygienic index OHI-s (Green-Vermillion) did not differ from the changes in similar indicators in the previous groups. So, it decreased from 1.9 ± 0.09 to 0.2 ± 0.02 after a week and remained at the same level (0.1 ± 0.08) after a month. In the control group, treatment with drugs was used: chlorhexidine and metrogyl denta. It was also noted here 06 in a week and up to 0.3 ± 0.01 in a month, which corresponds to the initial stage of the disease. The depth of periodontal pockets decreased from 5.1 ± 0.01 to 4.9 ± 0.03 after a week and to 1.7 ± 0.04 30 days after surgery and bioresonance therapy. The Millman bleeding index decreased within a week from 2.5 ± 0.04 to 1.6 ± 0.08, after 30 normal values of 0.2 were recorded. The direction of changes in the indicator of the simplified hygienic index OHI-s (Green-Vermillion) did not differ from the changes in similar indicators in the previous groups. So, it decreased from 1.9 ± 0.09 to 0.2 ± 0.02 after a week and remained at the same level (0.1 ± 0.08) after a month. In the control group, treatment with drugs was used: chlorhexidine and metrogyl denta. It was also noted here 06 in a week and up to 0.3 ± 0.01 in a month, which corresponds to the initial stage of the disease. The depth of periodontal pockets decreased from 5.1 ± 0.01 to 4.9 ± 0.03 after a week and to 1.7 ± 0.04 30 days after surgery and bioresonance therapy. The Millman bleeding index decreased within a week from 2.5 ± 0.04 to 1.6 ± 0.08, after 30 normal values of 0.2 were recorded. The direction of changes in the indicator of the simplified hygienic index OHI-s (Green-Vermillion) did not differ from the changes in similar indicators in the previous groups. So, it decreased from 1.9 ± 0.09 to 0.2 ± 0.02 after a week and remained at the same level (0.1 ± 0.08) after a month. In the control group, treatment with drugs was used: chlorhexidine and metrogyl denta. It was also noted here which corresponds to the initial stage of the disease. The depth of periodontal pockets decreased from 5.1 ± 0.01 to 4.9 ± 0.03 after a week and to 1.7 ± 0.04 30 days after surgery and bioresonance therapy. The Millman bleeding index decreased within a week from 2.5 ± 0.04 to 1.6 ± 0.08, after 30 normal values of 0.2 were recorded. The direction of changes in the indicator of the simplified hygienic index OHI-s (Green-Vermillion) did not differ from the changes in similar indicators in the previous groups. So, it decreased from 1.9 ± 0.09 to 0.2 ± 0.02 after a week and remained at the same level (0.1 ± 0.08) after a month. In the control group, treatment with drugs was used: chlorhexidine and metrogyl denta. It was also noted here which corresponds to the initial stage of the disease. The depth of periodontal pockets decreased from 5.1 ± 0.01 to 4.9 ± 0.03 after a week and to 1.7 ± 0.04 30 days after surgery and bioresonance therapy. The Millman bleeding index decreased within a week from 2.5 ± 0.04 to 1.6 ± 0.08, after 30 normal values of 0.2 were recorded. The direction of changes in the indicator of the simplified hygienic

significant reductions in periodontal indices and oral hygiene indices. A number of negative aspects should be noted when using these drugs. Thus, in 2 patients, when using chlorhexidine, staining of the tongue, teeth and fillings was observed. Unpleasant taste sensations with chlorhexidine were observed in 7 patients. There is a limitation in the use of these drugs during pregnancy and lactation and due to the threat of development of oral dysbiosis. Analysis of the results of treatment in the experimental and control groups shows that the use of non-drug treatment (BRT) makes it possible to achieve the results obtained in complex treatment with the use of pharmacological preparations. However, the use of bioresonance therapy methods is not accompanied by side effects.

Table 4

Results of treatment of patients of group III

Параметры	До лечения	Через неделю	Через месяц после хирургического вмешательства
Пародонтальный индекс (PI)	$6,5 \pm 0,06$	$6,2 \pm 0,06$	$0,3 \pm 0,01$
Глубина пародонтальных карманов, мм	$5,1 \pm 0,01$	$4,9 \pm 0,03$	$1,7 \pm 0,04$
Индекс кровоточивости по Миллеману	$2,5 \pm 0,04$	$1,6 \pm 0,08$	$0,2$
Упрощенный гигиенический индекс OHI-s (Грина-Вермиллиона (ИГВ))	$1,9 \pm 0,09$	$0,2 \pm 0,02$	$0,1 \pm 0,08$

Table 5

Results of treatment of patients in the control group

Параметры	До лечения	Через неделю	Через месяц после хирургического вмешательства
Пародонтальный индекс (PI)	$3,7 \pm 0,3$	$3,3 \pm 0,5$	$0,6$
Глубина пародонтальных карманов, мм	$3,2 \pm 0,9$	$3,1 \pm 0,4$	$1,6$
Индекс кровоточивости по Миллеману	$1,5 \pm 0,9$	$0,7 \pm 0,3$	$0,2 \pm 0,01$
Упрощенный гигиенический индекс OHI-s (Грина-Вермиллиона (ИГВ))	$1,3 \pm 0,7$	$0,2 \pm 0,08$	$0,3 \pm 0,03$

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