Holistic Dentistry

Articles by SANUM Practitioners from the Dental and Medical Field

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Semmelweis-Institut

Verlag für Naturheilkunde
Hasseler Steinweg 9
D-27318 Hoya
Phone: +49 - 42 51 - 93 52 - 394
Fax: +49 - 42 51 - 93 52 - 291
E-Mail: info@semmelweis.de

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To the Reader:

This brochure has been compiled from research and practical experience of leading homeopathic practitioners in and outside of Germany. The collected research and uses discussed here have been reviewed by a distinguished panel. This valuable compilation of known medicinal uses of the SANUM remedies is made available to interested practitioners and researchers in many countries.

The production process of the homeopathics covered by this book is based on the German Homeopathic Pharmacopoeia (Homöopathisches Arzneimittelbuch), which essentially has been adopted by many other countries. However, because not all products, dosage forms or intended uses are available or approved by the relevant authorities in all national markets, practitioners are advised to seek local guidance regarding the legal status of the products and intended uses in their areas.

Our thanks to all those who have made publication of this brochure possible and to the peer reviewers and practitioners who have contributed their time and effort to disseminate this information.

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Foreword

Medicine encompasses the most modern diagnostic and therapy possibilities. Because "school medicine" has been split into various fields of speciality, where for example, an enterologist specialises in the intestinal area and an ophthalmologist, the eyes, it is often forgotten that all these organs are part of the complete individual, where everything is connected with each other, be it blood circulation, lymph vessels, nerve or energetic paths.

The "interlocking" of individual systems is particularly distinct in the digestive tract. Patients, for example, complain of stomach ache although the actual causes for the symptoms are often found in another area. Food that cannot be chewed or insalivated properly due to missing, displaced teeth or pain in the mouth often leads to a feeling like "a brick in the stomach".

Further causes for complaints in the stomach-intestinal-tract are disturbance fields in the dental area, e.g. endodontically treated teeth or root remains.

From a holistic viewpoint, the dental-organ relationship plays a decisive role; after all, over 60 per cent of disturbance fields are to be found in the teeth. By treatment, a dentist always influences the whole organism, e.g. by suitable or incompatible filling materials. The causes of organic complaints are often found in the teeth, but an affected organ can also cause dental disturbances and affect the surrounding tissue. An example of this is that the treatment for destroyed intestinal flora administered by a physician or naturopath can also influence symptoms in the dental area.

Each therapy should avoid additional stress for the patient and improve regulation capabilities that are free of side effects. This involves administering the corresponding preparations to strengthen the patients milieu and break-down any present pathogenic organisms, in order to relieve the organism.

In the following articles, SANUM therapists from the dental and medical fields provide their practical experience with SANUM preparations.

The Regulation of the Pischinger Ground System

Taking into Account the Important Organ-Tooth Relationships

by Professor Dr. Werner Becker
(Doctor of Medical Dentistry), Germany

"Ground regulatory system therapy" is conceptually based primarily on the "Basis", which means basis/origin and cause; regulatory means bringing order, non-violently, gently, without detriment to, and without destroying, the good and healthy which already exists; the system combines various individual elements of a whole network, which cooperate with one another and are interlinked even in their functioning. The system of ground regulation according to *Pischinger*, Vienna, is defined as "a function unit of cells of the loose, soft connective tissue, the vessels and the peripheral vegetative nerves. This tripartite system regulates the extracellular fluid, which in turn provides the living environment for all these cells and also for the cells of the organs. Here already we can see a functional classification of systems which are usually considered separately from one another in medicine" (*Dr. Draczynski*).

The ground system and regulatory blockage

Regulation in life is characterised by reversibility, as demonstrated by the natural phenomenon water – ice – water. The states – egg-liquid and egg-solid – are irreversible. In living tissues the fluid states, unlike in dead tissue, are reversible. Dead tissue, e.g. a dead tooth with a root filling, produces toxic protein de-composition products, which can easily block regulation. The body can then neither take in nor give out metabolic products. It is in these states that we find the so-called therapy failures, and also the chronically sick. Here the high-polymer sugars in the system, the proteopolyglycanes, allow no information through from the vessel to the cell. The cell thus left to its own devices becomes sick; it then embarks on a series of life processes which is no longer coordinated with that of the other cells and it may degenerate.

According to *Thomsen*, Hamburg, the characteristic features of a disturbance factor in the system are that it is "under strain/of overriding importance", it "keeps to the path of a meridian" and "puts everything under strain generally", whilst the characteristic features of a focus are that it is "under strain/of lesser importance", "puts an organ under strain between a pair of meridians" and "puts a strain on a particular organ". According to *Pischinger* a focus is a chronically changed tissue area in the vegetative ground system. It comprises organic and/or inorganic material, material which can no longer be decomposed and which can only be eliminated via a necrosis or inflammation. Such a focus forms a process which radiates a damaging remote effect, since the local defence barrier has been broken.

Elimination – a necessity

The ground substance of the connective tissue has to be constantly detoxified, de-acidified and kept viscous, whereby harm-ful substances can be eliminated in a natural way. Only when these conditions are met can medicines be effective in the sense of ab true cure, by bringing out processes for healing via the humoral immune system. Note that harmful substances can penetrate the ground system directly. In this sense even toothpastes are disruptive, with tensides which remove layers of mucous membrane for some time.

The vital intactness of the ground system regulation depends on the intactness of the elimination of all harmful substances from the body. This is supported by the digestive system with its incretory and excretory capacities, the cutaneous system internally (mucous

membrane) and externally (surface of the body), the urinary system, the lymph system and the blood system, in both arteries and veins. Therapeutic measures for thorough elimination/excretion have a high priority in the overall therapy.

Water, oxygen and nutrition

Water balance plays a highly significant role, and not only in terms of the important elimination and excretion functions. It explains the body's need for an ordered and adequate water intake. As far as possible no water containing carbon dioxide should be used as drinking water. The carbon dioxide has a detrimental effect on the surface of the mucous membrane of the digestive tract and hence hinders resorption. By contrast, still water and deep-spring water, with few mineral substances, are better tolerated and readily metabolised. Alkaline-supplying food – e.g. potatoes and broccoli – improves the body's water uptake. Caffeine and theine in drinks block the ground system. Diuresis with these substances takes with it important minerals and trace elements from the body, for instance, among other things important magnesium.

The organism ensures a balanced water equilibrium with an uptake and elimination of about 2.5 litres daily. Every day about nine litres of fluids are processed in the digestive tract. Of this, seven litres represent the bodily fluids (secretions). Insufficient water intake can easily lead to a harmful concentration of harmful substances and toxins in the body, all of whose processes depend on water and its fluid quality. The symptoms of a harm-ful drop in body fluid are: around three per cent, reduced saliva and urine production; around five per cent, accelerated cardiac activity, raised pulse and temperature; around ten per cent, confused states; around twenty per cent, no longer viable.

The proper elimination of water from the body requires a corresponding intake of about two litres a day. Diuretic agents such as honey, particular vegetables such as primarily asparagus, and fruit such as pineapple etc. are known to promote the desired water elimination. This also applies to certain drinks such as weak to medium-strength coffee, top fermented beer, white wine etc. Physical movement with some exertion is also necessary, with water elimination via the skin through perspiration, and via the lungs. Also to be recommended are saunas, steam baths and all kinds of perspiration-inducing baths. 95 per cent of the water processed in the body is returned to the body's circulatory system in the small intestine and three per cent in the colon. In the stools, with about 150 ml, only around two per cent of the water converted in the body is eliminated.

For healthy ground regulation, an adequate intake of oxygen in fresh air is also a necessity. The ideal is breathing in air with the highest possible content of vitalising negative ions, such as in the mountains or directly by the sea. Such air also makes a major contribution to normalising the pH value in the tissue and also lastingly supports the process from dysbiosis (illness) through to symbiosis (health). This is particularly relevant when the flow of blood through the body is activated by sports training.

Finally the type of nutrition is of great importance to healthy ground regulation. Hippocrates, the "father of medicine" said more than 2000 years ago: "Let our food be our medicine and medicine our food". Our food should be nutritious, not just stomach-filling. A wholefood diet, as natural as possible, with plenty of alkaline-supplying fresh fruit and vegetables and a significantly reduced intake of animal protein will largely meet these requirements.

High significance of the dental area and oral cavity

For the purposes of ground regulation, the dental area and oral cavity, where the whole digestive tract begins, also play a significant part in important bodily processes. This can be seen in the close living relationship between the teeth and the organs of the body (Figures 1 and 2). The mucous membrane of the

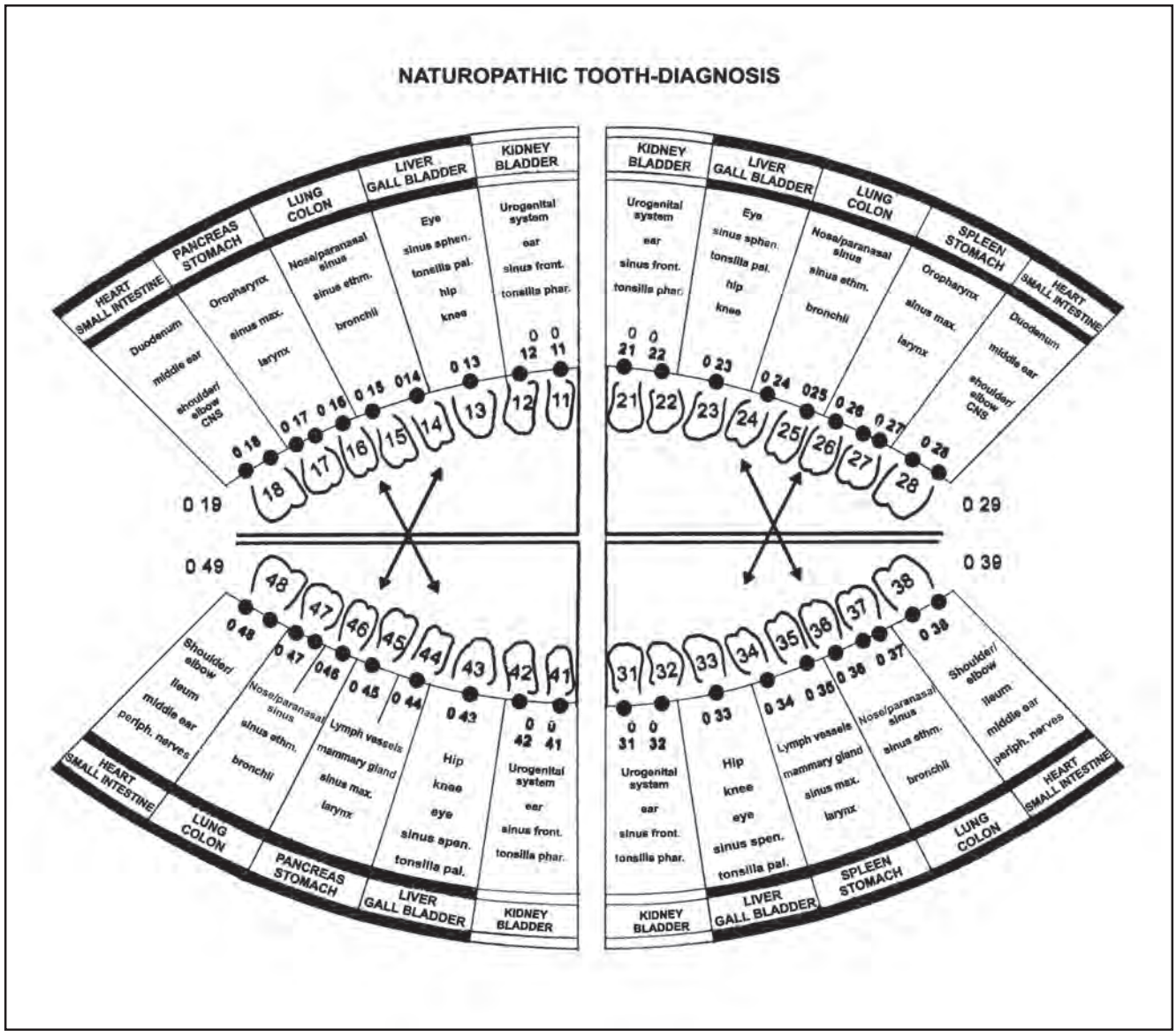

Fig. 1

mouth plays a significant part through its mucosa, which has a considerable resorption capacity for harmful substances in the mouth. The thinnest part of it is under the tongue. The mucosa is protected by a mucous layer only about 100 micrometres thick, consisting of proteoglycanes with secretory IgA.

Through parodontal pockets and lesions, which have no protective mucous layer, various organic diseases can be triggered or at least fostered, and their consequences can be seen in disrupted oral symbiosis. A disordered oral environment, an unnatural bacterial colony in the mouth, indicates a diseased intestinal flora, and the reverse is also true. The gums are also indicators of disease; diabetes for example is displayed in pasty gums with a soft tonus and blueish-red inappearance, whilst nephritis displays grey to grey-blue gums, swollen tight and with uncongested veins. All of these appear only in certain environmental conditions. Mycoses in the oral area are always an expression of a general organic immune weakness, a diminished defence capacity in the whole body. The causes or factors of oral mycoses may be, among other things: chronically diseased teeth, fillings with amalgam, nicotine, antibiotic treatments, denatured nutrition, isolated carbohydrates, synthetic flavourings and fluoride-containing toothpastes. Against this background a large number of toothpastes on the market are highly suspect.

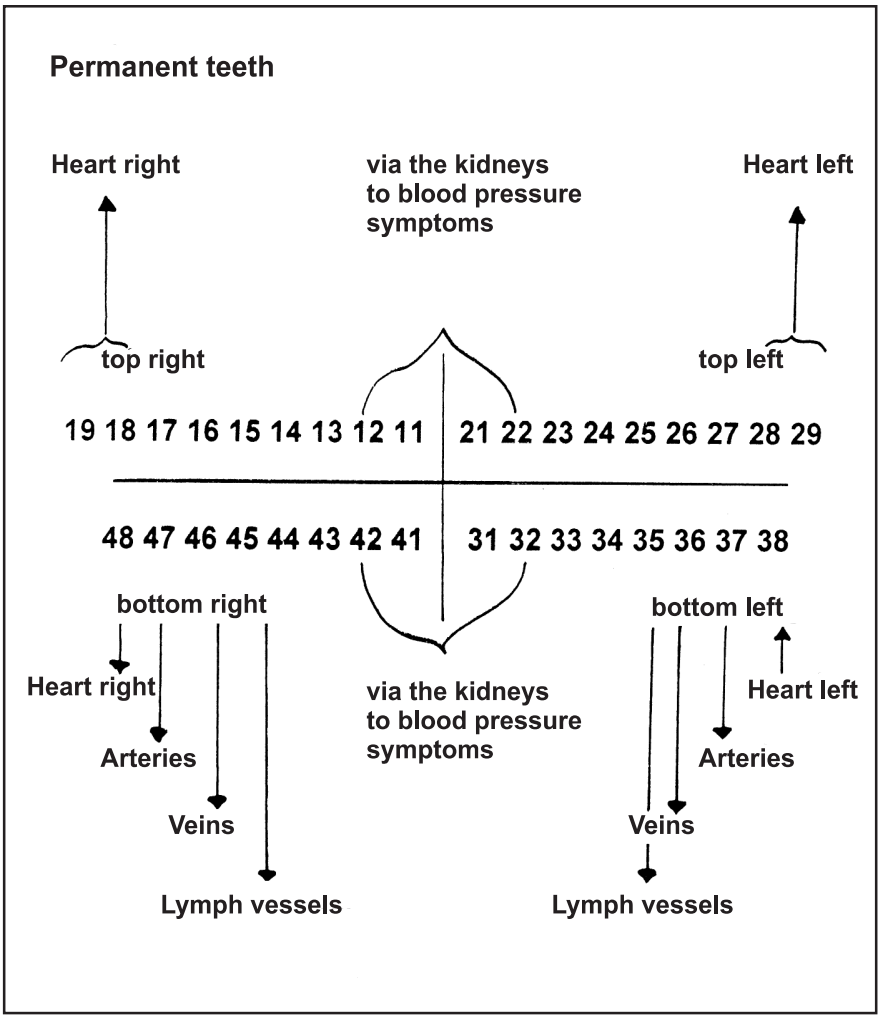

Fig. 2

Possibilities for doctors and dentists in practice

A dental treatment should begin with the following:

- inspection of the mouth, noting any metal and synthetic elements;
- in-depth observation of the tongue, which is the 'map' of the digestive system;
- in-depth observation of the oral mucous membrane, with its particular colour nuances and markings.

All the features noted in this way offer indications of any diseased processes in the body. They may also provide signs relating to the inner environment, which in a healthy state is characterised by a stable pH value. This pH stability, measured in the urine and ideally above 6.5, is a prerequisite for the maximum efficacy of the ground system. Here daily measurement of the morning urine is recommended; the whole urine profile should be checked once a week. As we know, the body is very dependent on the ability to provide a buffer for any acids from its stock of alkaline substances. The administration of ALKALAN helps here in therapy, if pH readings of less than 6 are detected. In addition the administration of SANUVIS is recommended, starting with 5 drops a day and gradually increasing to 25. In addition the Schüssler salt Potassium chloratum 6X should be taken.

A basic therapy, to purge the flora of the whole digestive tract, including that on the mucous membrane in the mouth, can be achieved using PEFRAKEHL 5X (trickle 2 drops into the mouth and hold as long as possible, three times a day) and FORTAKEHL 5X (dissolve one tablet in the mouth twice a day).

Tried and tested basic therapies for the individual supply systems are:

For the digestive system OKOUBASAN (rub 5 drops into the elbow every day), alternating with FORTAKEHL 4X (one capsule every other day), plus Paracelsus pancreas organ product and Paracelsus Hepar organ product.

For the skin system RECARCIN (one capsule a week) and Paracelsus Cutis organ product .

For the urinary system NOTAKEHL 5X (rub 5 drops into the elbow every other day) and Paracelsus Ren organ product.

For the lymph system MUCEDOKEHL 4X (one capsule every two to three days) and Resactiv (take three times 3 drops every day, gradually increasing to three times 15 drops every day).

For the blood system MUCOKEHL 4X (take one capsule daily) and SANUVIS (take 5 drops daily,

gradually increasing to 25 drops) and Paracelsus EM 200 organ product. All the Paracelsus organ products should be taken daily with three times 10 drops each.

A special therapy with FORTA-KEHL 5X, where the mucous membrane in the mouth is severely damaged – indicated by a heavily coated tongue – should be combined with the administration of REBAS 4X, if the "intestinal teeth" 14, 15, 24, 25, 35, 36, 45, 46 are affected. With this therapy FORTAKEHL 5X is administered in the form of one tablet every other day after the evening meal; REBAS 4X is administered as one capsule every day after the evening meal.

As a back-up therapy for disorders of the mucous membrane in the mouth, for follow-up treatment of parodontosis to tone up the gums, for maxillo-orthoaedic treatments where tracks and braces are to be inserted, and to stabilise severely affected mucous membranes and gums in general, the agent of choice is MAPURIT, aministered in the form of one capsule morning and evening. Diseases of the mucous membrane in general also respond very well to RECARCIN (capsules). This SANUM product has among other things the advantage of raising the T-lymphocyte levels.

Dead teeth and those known to have been treatedwith toxic substances in the root area form their own significant circle of problems, with enormous impact on the whole organism (fig.3).

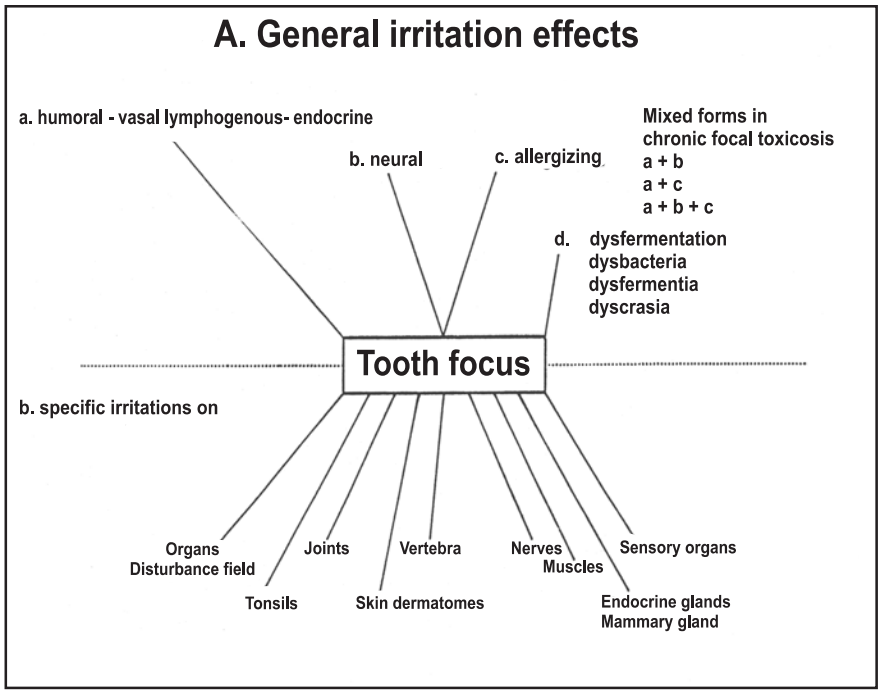

Fig. 3

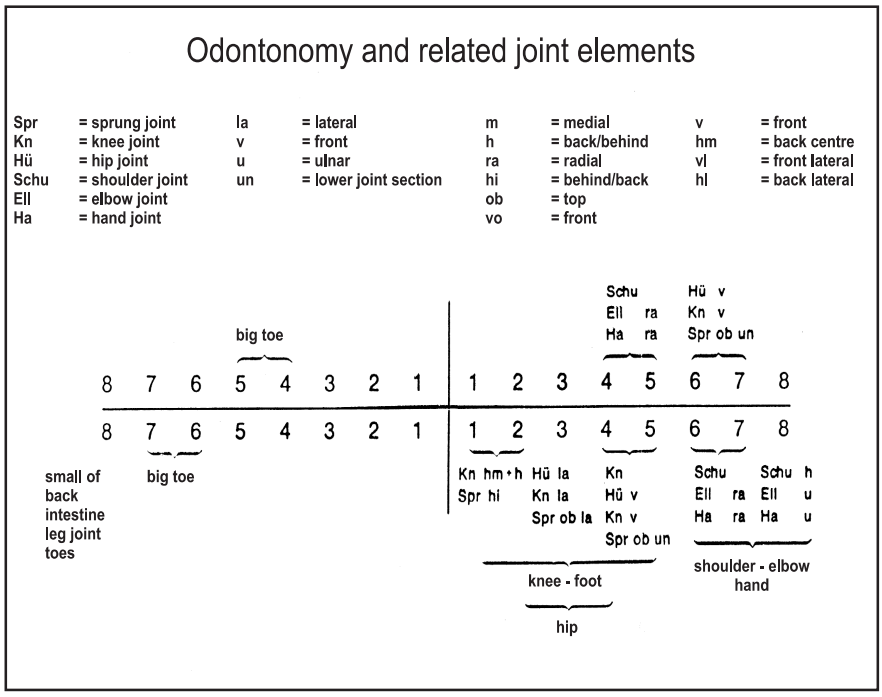

Fig. 4

Malignomas can often be traced back to a barely perceptible load of this nature on the body. Appropriate therapy may entail the complete removal of such teeth. Medicinal treatment may be based on the well-tried SANUM products ARTHROKEHLAN "A" and ARTHROKEHLAN "U"; the latter is a classic agent for increasing immune power and is a first-line preparation for tumour therapy. ARTHROKEHLAN "A", a classic agent for treating diseases of the rheumatic group, is also recommended for treating all processes of the maxillary joints. This product is injected i.m. once a

week. Also with disorders and problems of other joints, which initially only seem to indicate "Rheuma", it may be a diseased tooth process which is the cause (fig.4) and this may indicate the therapeutic use of ARTHRO-KEHLANs.

Removal of heavy metal cannot be avoided

Within the "ground regulatory system therapy" the thorough-going removal of all heavy metal loads is essential, and here above all the dangerous mercury in amalgam fillings. Where this is removed with the well-known agents DMPS, DMSA or Unithiol, it is imperative to determine the mineral status of the patient as a matter of urgency, since these agents may disrupt the mineral balance of the body. It may be necessary to make a substitution. Metal elimination from the body using the aforementioned agents should obey the following order of priority: zinc, copper, mercury, silver, gold, tin, palladium. The use of these agents may lead to a severe copper deficiency and hence to severe depression. In many cases zinc has to be replaced after these eliminsation processes.

The following SANUM excretion therapy is well suited (application forms and treatment intervals may be changed if necessary) for the successful elimination of heavy metals:

Monday to Friday:
Alternate 5-10 drops OKOUBASAN 2X and USNEABASAN daily (start with 2-3 drops)

Saturday and Sunday:
1-2 tablets LUFFASAN 4X daily (start with 1/2 tablet)

additionally on a daily basis:
1 capsule MAPURIT
10 drops SELENOKEHL 4X mornings
10-12 drops ZINKOKEHL 3X evenings

Dr. Werthmann's diet (no cow's milk, hen's eggs or pork products)

1 tablespoon of linseed oil and 1/2 teaspoon of healing earth to be taken orally on a daily basis. It is helpful in all elimination processes to drink copious amounts of either water or herbal teas.

Therapy treatment: several weeks or months.

This paper is based on a lecture by Professor Dr. Werner Becker (Doctor of Medical Dentistry), Cologne, given in expanded form at the SANUM Therapy Conference in 1999 in Hanover. Figures 1 to 4 are taken from that lecture.

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Teeth and their Symbiosis with Micro-Organisms

Correlation between Teeth and Organs

by Horst Haustein, Dentist, Germany

Are the organs related to the teeth or are the teeth related to the organs? In my opinion the organs manifest themselves in the teeth; i.e. first of all the symbiosis of the body is disturbed and the formation of plaque and caries follows. Finally, various dental defects or even a dental focus will appear which causes repercussions on the organs. As a consequence the respective tooth often has to be extracted.

These deficiences do not occur if the symbiosis of the body is intact. In times of good health, teeth can be cleaned with the fingers and no film, etc. will be found on them. However, if we feel ill due to some affection, like an influenza, films will appear immediately. They cannot be removed, even by the best tooth-paste, because the oral flora is disturbed so much that plaque formation recommences immediately. Additionally, the pH value is also changed, and if the flora is destroyed by gargles or if amalgam and gold form small batteries in the mouth, these symptoms will appear considerably sooner.

Correlation between organ and tooth begins very early in life

Is it true that the organs act towards the teeth? When we consider an embryo, the mother may suffer from various complaints, i.e. in kidney, bladder or other organs. As a result a loss of teeth may occur during pregnancy. The proverb "Each child costs a mother's tooth" actually has nothing to do with the pregnancy. In the past, it was due to a lack of hygiene and medicine in the lower social classes. Nowadays, health assistance has improved, but still necessary measures are not taken because the correlation is not explained to pregnant women.

As the saying goes: "The child takes whatever it needs". I would like to restrict this by saying that the child has a swift metabolism. This becomes obvious when considering what develops from the hardly visible sperm and the oocyte within nine months.

This swift metabolism is very demanding. If the mother's food intake is insufficient, the nutrient media needed are taken out of her deposits or organs and integrated into the child's cellular metabolism. Thus, also a part of the mother's diseases will be transmitted. Nevertheless, a healthy child may be born if the mother is effectively and biologically treated during this time.

Early biological treatment of the pregnant mother

Affections of a pregnant mother can also be seen in the oral cavity. Despite the best care it is impossible to cope with the plaque formation and the rapidly growing caries (secondary) because the mouth flora is not in an equilibrium. In consequence, gingivitis will arise which in turn is related to the organs. These inflammations can appear as a purulent form or as a gingivitis gravidarum epulis (stage III). Depending on how severely the symbiosis has been disturbed, the epulides more or less hang over the teeth like grapes.

These changes in the oral cavity may also occur during menstruation or otherwise in a 28 days' rhythm. This is another proof for the relationship of the teeth with the organs resp. hormones. At this state a normal intake of food is often impossible. The gums are bloated, venously congested and tend to bleed easily but coagulate quickly. They are very painful and often smell putridly. Also ulcerating processes will occur because proper care of the oral cavity is difficult at this phase. The pregnant patient has an unsound sleep, she feels exhausted, suffers from obstipation (often the whole reason for the consultation) and/or has difficulties when urinating; her lymphonodes are hard and palpable up to the first rib whilst sensitive to pressure.

The swelling of the lymphonodes corresponds with the degree of the stomatopathies. The lymphonodes

have already been strained by diseased organs and have shown swellings before changes in the mouth arise. If the lymphonodes are soft externally with a hard centre, the lymphatic system is still functioning fairly well and must not be blocked any further by penicillin or sulfonamides. Metabolic disturbances and their consequences have to be eliminated.

The biological remedies of SANUM-Kehlbeck are highly suitable for this purpose. Experience throughout many years has proven that the application of these remedies support the well-being of pregnant women most sufficiently. Heel preparations can be combined with the SANUM remedies, and so, spontaneous success without any harm to the mother or the embryo is often experienced.

Lesser disturbances of the gums, for instance gingivitis progressiva, may be cured without any great expenditures by the administration of biological calcium preparations. In cases of disorders of the menstrual cycle, calcium out of natural products (oyster-shells, oak-bark etc.) will soon and lastingly show its effectiveness.

The child of a mother with a disturbed symbiosis

The child born by a mother with disturbed symbiosis will probably appear in the dental surgery at the age of two and a half or three years with brown, destroyed and cone-shaped teeth. It is hard to say whether the remaining teeth will be better. Certain conclusions can be drawn from the habitus, type and behaviour. Was the child breast-fed? Was it nursed with biological food instead of can products? Has the life-rhythm on the whole been harmonized between periods of rest and activity? These and other questions may give indications for a prediction about the remaining teeth.

Scrofulous children need calcium preparations in appropriate doses. These children have a better development of the dental enamel parts than of the dentin substance. The teeth can be broken with bare fingers or can be scaled off with instruments without creating any pain. The enamel is formed by the ectodermal ectoblast and therefore has a different structure than the dentin. This has a mesodermal development and is influenced by other rhythms. In this respect I need not discuss the question of biological nutrition or the consequences that vaccinations have on organs, endocrine glands or on the dental stock.

Teeth reflect former processes

It has been proven that an infection which has been regarded as unimportant, can later manifest itself as a long-term cystitis or nephritis with all consequences. The experienced disturbances continue to act as hardly perceptible inflammations in the childish body and become chronic. In spite of their short, hardly recognizable duration, these processes become visible in the development of the teeth. If the later dentition of the remaining teeth is pursued, one can see at which age these disturbing processes took place.

The fissures in the enamel construction which have been caused by a disturbance of the calcium budget reach as far as into the dentin and show the period of their development. We call them rachitic dentitions, but in fact they signify unrecognized infections. Rachitic appearances have the same genesis (disturbances in the calcium budget), but the period is longer and more precise and also more related to the bone construction. Judging the results of unrecognized infections, small grooves, transversally running to the longitudinal axis of the tooth, are taken into consideration. Comparing these findings with a dentition table one can state at which stage of tooth formation the affection took place. Thus, the time factor serves as a recollection clue. Up to the age of approx. 10 years the differences are about plus/minus 1/2 year. After that one can calculate up to plus/minus one year.

This time factor is of great importance because the diseases are often recognizable only for a short period (e.g. less serious intestinal infections). Therefore they are merely considered as slight irritations and are additionally veiled by medicamentous treatment.

These grooves can be found in irregular intervals in a lot of patients This fact shows the cyclic succession of the ups and downs of the body's defense power. Therefore it is possible to find the lymphatic retrocongestions of the illness and to point them out to the patient almost in chronological order.

Mucous membranes also indicate processes

Attention must be paid to the connections of the lymphatic vessels which reach to the angles of veins, to the existing anostomosis (transversal connections) and also to the lymphatic caverns. Then it becomes perceptible which kind of illness may arise. It also shows that secondary infections, although appearing to be an acute illness, have merely veiled a primary disorder.

It is known that the lymphatic vessels can retrocongest up to three nodes. The lymphatic vessels of the ears, the oral cavities including the tonsils and those of the bronchial tubes retrocongest to the lymphonodes of the teeth and the gums (that means: bronchial tubes - ear - nose - teeth). These closely attached processes mainly show up on the mucous membrane with coatings specific to the illness and with respective active germs. Gingiva affections arise and often reach terrifying dimensions. As soon as these findings in the oral cavity improve, we can be sure that the patient is recovering in general. Here, too, the interrelation with the organs becomes evident.

Tables for acupuncture also show the relation of the organs to the teeth. Teeth are depicted as the cause of illness. However, this is not quite correct. The symbiosis of the mouth will only be disturbed as a consequence of the illness. The gingiva (firmly lying mucous membrane) and the mucosa (movable mucous membrane) indicate the inadequate functions of the organs by their colouration.

In cases of diabetes, for instance, the gums show a typical paste-like consistency with a soft tonus and a bright bluish-red appearance. In cases of nephritis they are grey to blue-grey and tensely swollen, not venously congested and often have a smeary covering. Febrile processes also entail stomatitis ulcerosa with a smeary layer, but show little congested blood at the margins of the ulceration. The stomatitis ulcerosa caused by a viral infection of the oral cavity has congested blood at the margins and is accompanied by a light intermittent fever.

All these affections of the mucous membrane can only appear under certain environmental conditions (Vincent). These diseases strongly depend on the lymph flow. If it is blocked by medicine, healing is very slow. In this case the body gets a further burden instead of relief.

The transversal grooves of the teeth demonstrate the development of illness

During dental growth, all organic burdens mark their „runes" onto the teeth. These runes in the shape of transversal grooves are deeper or broader, depending on the strength of the illness and its duration. Comparing these transversal grooves on the teeth with corresponding table data, we can determine the approximate time at which the harmful incidents occurred.

All stronger influences during and after puberty will only be perceptible at the roots of the teeth. In my experience, the disturbance of the calcium budget continues as a structural change of the spongia of the lower jaw from the 15th year of life onwards. It begins between the root tips at the age of 15 and goes up to the canalis mandibulae till the 20th year of life. From this age onwards illness is recognizable in the marginal extent of the alveoli.

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Chronic Inflammations and Disruptive Fields in the Dental Area

Their Identification Using Dr. Voll's Electro-Acupuncture

by Dr. Wilfrid Krost, Germany

A review of the practice of dentistry over the last 20 years leads us to a strange discovery. The acute toothaches, swellings and abscesses which we frequently used to see, and whose treatment constituted the major part of our work, are now encountered with decreasing frequency. Viewing this fact superficially, one might attribute it to effectiveness and success in the work of the dental profession. Unfortunately this is not the case. Increasingly we now have to grapple with recurring viral infections of the oral and pharyngeal cavities and of the sinuses. The effectiveness of our treatment of such problems is, indeed, decreasingly slight, the approach being purely symptomatic, until the next recurrence.

Abscess formation, acute pulpitis, even granuloma formation - these are thoroughly healthy reactions, representing the attempt of the mesenchyma to achieve epithelial exclusion of some noxious presence in the maxillary area. As is the case in general medicine, these have given way to primarily chronic illnesses. Cancer, chronic arthritis, auto-immune diseases such as PCP or erythematoses are on the increase. In the German Federal Republic, one in three people now suffers from an allergy, and the twin scourges of viral and fungal disease are on the offensive. Whereas formerly the virus was eliminated within the context of a mild febrile indisposition of 2-3 days' duration, often before the target cells had become infected, nowadays clearly these mechanisms no longer operate. Only in this way could AIDS become the problem that it is today, particularly since it constitutes an attack on cells which would be needed for defence against noxious agents.

The second scourge is that of the mycoses. According to information supplied by the University Dermatological Clinic in Düsseldorf, the last 15 years have witnessed a twentyfold increase in mycoses. In the field of dentistry too, there has been an enormous increase in mycoses, but these frequently remain undetected because of a lack of diagnostic capabilities, since, unlike a typical case of thrush with visible fungal deposit, they often run their course under the guise of a herpetic eruption. As we know, mycoses of the oral cavity and Oesophagus often represent the first clinical manifestation of AIDS. What can have caused this?

The Immune System is increasingly at risk from noxious influences

Our immune system consists of the epithelial surface- and resistance areas, the thymolymphatic resistance zone and the organism's mesenchymal defence system. It is being weakened more and more by transitory factors such as nutritive influences, infections, chemical substances and physical noxae. However, there is also a contribution by artificial factors such as medicines; as members of the medical profession we need to take notice of this, since it includes iatrogenic damage, which we cause with the drugs we prescribe. There are many medicines which suppress the immune system; for the sake of brevity I will mention just a few: antiphlogistic preparations such as anti-rheumatics, cortisone derivatives, anti-histamines, antibiotics, mitotic poisons and mitosis blockers, alkalinising substances, immune suppressants and many more. However, X-rays and general anaesthetics also have a considerable immune suppressant action.

This now links in with dentistry. Primarily on account of a weakened immune system, chronic inflammations arise - almost always painlessly - in the dental-oral-maxillary area. In time these have a distant action on other organs, giving rise to disruptive fields (foci of infection), and these in turn amount to a further ongoing burden upon the basic system. A further burden may arise from collapse of the gastro-epithelial immune system, which represents the major part of our immune defences, as a result of continual faulty nutrition.

These problems demand a broader range of reliable diagnostic methods

In view of the failure of other diagnostic possibilities, including X-ray photography, it must be a top priority for us, as dentists, to achieve an absolutely reliable diagnostic means of establishing the presence of chronic inflammations and disruptive fields in the dental-oral-maxillary area. We have a possibility in the shape of Dr. Voll's Electro-Acupuncture; this method permits absolutely reliable diagnosis of silent chronic inflammations and disruptive fields.

What this entails is bioelectrical measurement of energy potential at the acupuncture points - some already known and others discovered by Voll - along the energy-paths (meridians), which are familiar to us from Chinese Acupuncture. These are associated with corresponding organs and systems of the body, thus permitting precise diagnosis. In the area of dentistry in particular, often within five or ten minutes, a reliable statement regarding disturbances, irritations and chronic inflammations can be obtained from measurements at only a small number of points. These inflammations become a disruptive field by means of their distant action, which can be confirmed by measurements taken on other energy pathways or meridians.

Some of the teeth are also situated on particular meridians, or receive energy supplies via secondary pathways from these. This means that alternating relationships may be demonstrated between disturbances in teeth and organic systems, or maybe segments of the spine, for instance. Thus teeth 1 and 2 are assigned to the kidney-bladder meridian; the canine teeth to the liver-gallbladder meridian, the upper pre-molars and lower molars to the large intestine-lung meridian, the upper molars and the lower pre-molars to the stomach-spleen-pancreas meridian, and the wisdom teeth are linked energetically with the heart and small intestine.

Voll's Electro-Acupuncture is a holistic method

When using Voll's Electro-Acupuncture it is impossible not to return to a holistic view of the patient, and frequently the resulting outcomes of this are gratifying for both patient and therapist. For a little while at least, this can provide a welcome distraction from the more or less frustrating pattern of everyday practice. Very frequently patients can be given immediate and lasting help, whilst cleaning up the dental area may free them from complaints in other areas of the body, which have dragged on for years. Within the short space of this article it is scarcely possible to demonstrate all the other considerable possibilities afforded by Voll's Electro-Acupuncture.

To carry out these measurements I use the Voll machine "Dermatron ST", produced by the Pitterling company of Munich. The Pitterling company also lays on frequent courses for beginners and advanced users, as well as courses in location of the treatment points and specialist courses for dentists. Twice a year they present a Medical Week in Munich, with contributions from all branches of medicine, and with opportunities for interesting discussions and dialogues.

It is my view that, over the next few years, dentists will find it increasingly necessary to be able to diagnose chronic conditions, in order to rise from the Health Insurance and Social Service classification of a supplementary profession and once again to enjoy the full status of being practitioners of a free, autonomous and satisfying medical modality. With the use of Voll's Electro-Acupuncture success in this is assured.

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Amalgam Fillings - Special Waste-Sites in our Mouths

An Insidious Poisoning and its Fateful Outcome

by Gerda Otten, Germany

The argument which flares up from time to time as to the value or otherwise of silver amalgam dental fillings is little more than an emotionally charged exchange of opinions. Therefore what is called for here, as a contribution to this important topic, are scientifically grounded facts, which may help some people to reach an informed decision to request their dentist to remove their amalgam fillings.

For many years now a succession of dentists and naturopathic doctors have expressed their conviction that amalgam fillings with their mercury content may constitute a danger to the whole organism. This is because of their gradual electrolytic decomposition in the mouth, resulting in the addition of poisonous mercury compounds to the organism's toxic load. It has already been established that even the enamel of untreated teeth in the near vicinity of such fillings contains an amount of mercury ranging from 2-3 ppm., whereas a mercury content of 150-1600 ppm. has been found in the enamel of teeth which actually contain amalgam fillings. [1]

Among the heavy metals, mercury occupies an unusual position, since even at room temperature it shows a relatively high vapour pressure. Its boiling point is as low as 357°C. So, once mercury enters the biosphere, it can only be removed with great difficulty. For some time, dentists have used a special container for the disposal of the removed amalgam fillings. This should provide food for thought for all those who have been carrying this substance around in their mouths day and night for many years.

Mercury which has vaporised in the warmth of the mouth causes food to taste bitter. It forms compounds with the saliva and is swallowed. It is then up to the organism to recognise it as toxic "special waste", storing it in various "waste sites". Mercury is therefore found in the blood and the urine, as well as in the saliva. Professor Stock demonstrated the presence of significant quantities of mercury from a single dental filling in the stools, urine and saliva. In the blood serum of amalgam carriers he found 0.004 - 0.1 mg. of mercury (atomic vapour), i.e. highly toxic quantities. What quantities of mercury might we find in ground-water, increasing daily?

The mercury levels in unfilled teeth clearly show that they too accumulate mercury that is released in their vicinity. In selecting tooth-donors for this study, care was taken to exclude any who might be exposed to mercury from other additional sources - e.g. nutritional. This research also established unequivocally that the amount of the mercury deposit in the root of the tooth varies according to the size of the amalgam filling in the tooth in question. [2]

On the toxic effects of mercury

As is well-known, the toxicity of mercury compounds is heavily dependent on the type of compound, with the organic compounds being the most dangerous. Subacute mercury poisoning finds expression above all in neurological symptoms, such as tremor, vertigo and depression. However, inflammation of the gastric mucosa and vomiting may occur. Poisoning from alkaline mercury compounds can lead to loss of vision, to disturbances of coordination and further symptoms of CNS disease (neuro-encephalopathy). In most cases of damage the toxic action is primarily on the CNS, since this reacts with particular sensitivity to damage from methyl mercury. In pregnant women, however, organic mercury compounds cross the placental barrier and accumulate in the foetus. Following the poisoning disaster in Japan (Minemata Bay), mental disturbances were found to be present in almost all infants born to mothers from that area. [3]

Risk assessment and established limits

The World Health Organisation (WHO) has temporarily established a maximum permitted weekly intake of mercury per person: this is 300 µm for complete mercury and 200 µm for organic mercury [4]. In setting this limit, they were thinking primarily of the uptake from food. If on the other hand mercury is released from dental fillings in the form of vapour, then quite different considerations arise. The readings from the vaporisation alone are very difficult to check.

Dental nurses constitute a special high-risk group. An investigation

revealed that 14.4% of them were infertile, compared with a general average of 3.5%. Another investigation showed that the placental tissue of dental nurses contained a high degree of inorganic mercury, although the mercury content in the air was below the professed level [5]. This too sheds light on how seriously we should take the risks and limits contained in official announcements.

Silver amalgam fillings depress our level of immunity

The work of *David Eggleston* - University of Southern California (Los Angeles) - should receive special attention in this regard. The task of this research project was to ascertain the effect on human T-lymphocytes of amalgam and nickel alloys. As we know, these so-called T-helper cells have the ability to identify cancer cells, for instance, pathogenic micro-organisms and other alien cells and to mark them out, so that they can be rendered harmless by other cells, such as macrophages. A decrease in the T-lymphocyte count therefore leads to a depression in the immune system's performance with regard to antigens in general, often with fatal results. An extreme example of this is AIDS, with an exceedingly high occurrence of Kaposi's sarcoma and microbial infections, because of the shortage of T-lymphocytes.

The percentage of T-lymphocytes as compared with the total of all lymphocytes, measured over a period of eight weeks, does not vary more than 10%, and seldom more than 5%. It is therefore possible to measure the percentage of T-lymphocytes before and after the insertion of silver amalgam and nickel alloy fillings, and to compare the data from the measurements in order to ascertain the tolerance of these materials. The investigations carried out by the above-named researcher showed that, in the presence of amalgam, the percentage of T-lymphocytes changed, not by 10% as might normally be the case, but by 57-64%. Even after removal of the amalgam, this percentage remained at 55%. This means that the influence of amalgam entails a dangerous weakening of the immune system [6].

Amalgam must share the blame for a great deal.

We cannot dismiss the possibility of anaetiological contribution from mercury allergy symptoms to multiple sclerosis and certain types of cancer. There are also weighty grounds for the assumption that neurodermitis in neonates is caused by mercury poisoning of the mother from silver amalgam fillings. My observations suggest that this is less the case in firstborn offspring but clearly more the case in second-born offspring. This thesis is supported by - inter alia - therapeutic success in skin treatments following the elimination of mercury. Certainly observations of this kind cannot be regarded as proof of the thesis. But should not observations carry some weight in the face of such serious events?

The whole possible extent of the amalgam problem becomes clear on reading a treatise by the ophthalmological specialist, *E. Raue*, entitled "Resistance to Treatment: think of Amalgam Fillings". This appeared in the "Deutsche Medizinische Wochenschrift" [= German Medical Weekly] of 16.9.1980. Based on contributions from patients whose eye complaints had become curable following the removal of amalgam fillings, the author estimated that, within a two-year period, around 200,000 people in the German Federal Republic had had to visit eye clinics because of amalgam-related problems. This then raises the question: What are the effects of this unsolved problem, quite apart from the enormous costs involved?

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[Translation of these titles into English does not imply that the articles themselves are available in English.]

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The Acid-Base Regulation and Dentistry

Is Caries only a Problem which Involves Fluorine and Cleaning Teeth?

by Dr. Walter Schöttl, Dentist, Germany

The lifestyle of "modern" people brings the consequence of excess acids in the body. There are many causes for this, the most important ones being the change from predominantly vegetable foods to predominantly protein foods, with simultaneous slow-down of motions. In the beginning, the consequences of this hyperacidity were not recognized or considered, as such.

Sander and his students, such as *Biedermann, Rumler*, etc. have specifically described the daily fluctuations of the acid-base levels in the urine. These values were established by titration and they indicated a regulation expressed from chemical perspectives in amounts of weights and equivalents. The essential points were the sums of acid or base forming minerals. In order to indicate *Sanders'* most important discovery - the significance of the splitting apart of hydrochloric acid for the acid-base equilibrium - the following brief quote is offered herewith:

"....The excess-acid deposits in the connective tissue are made capable of passage into urine through their binding to mineral salts for their excretion. A disturbed acid-base equilibrium, in conjunction with neuro-hormonal dysregulation, leads to chronic-inflammatory conditions of the mucous membranes in stomach and large intestine, or even ulcers in these areas, through increased excess-hydrochloric acid because of increased splittings of sodium chloride. Sooner or later, this inflammatory condition can lead to irreversible damages of the border cells, the mucous membrane of the stomach and, later on, to a chronic deficiency in hydrochloric acid or to the complete absence of hydrochloric acids in the stomach (Achylie). This development more or less strongly restricts the formation of sodium-bicarbonate. The result is pathologic congestion of excess-acid metabolic slag in the tissues with a tendency toward rheumatic diseases or the formation of stones in gall and kidneys, etc..."

Danger of excess acidity pointed out

The danger of hyperacidity became known by the examinations according to *Sander* although they could not be undertaken in practice due to exorbitant costs. Especially *Biedermann, Rauch, Rumler*, and others have continually and expressly pointed out that there should be a balance between acids and bases in nutrition. *Rumler* has worked out explicit tables for a patient's selection of meals with consideration of acid and base forming foods.

Rumler has proven that difficulties come about in maintaining a normal pH-value if a diet contains too many acid-formers (including animal proteins). This fact is not so much relevant to the pH-value of the blood but of the ground-(basal) system, according to *Pischinger*. On this point, *Rumler* has calculated that, to balance out a certain amount of meat, a sevenfold weight of vegetables is required, which is surely not the case in today's average diet.

Neutralization of acids requires mineralia

The organism requires minerals for the neutralization of excess acids. For this purpose, a certain reserve of bases is available from the blood which, however, must always become replenished. First of all, base-formers which are stored in the tissues are utilized. However, if over-acidity also prevails there, the final reserves must be broken into. Calcium in bones and teeth plays the most important role, because it represents the largest pool for mineral substances.

The organism must make use of all possible means to fulfil the superior task of maintaining the genetically fixed blood pH-value of 7.4. Thus, it is not surprising that people with hyperacidity first use up their movable mineral reserves, and subsequently, "use up" their skeleton. In this way, the quality of the teeth and skeleton becomes reduced.

Acidosis as a multiple fundamental cause

Nowadays, *Kern* and others stimulate the discussion in arteriosclerosis research (heart infarct, apoplexy, gangrene in the leg, etc.). They give established proofs that the foundation of these developments in the form of ischemic conditions in particular muscles or brain areas lies in locally excessive acids. These quoted conditions also cause problems in gnathology, in myotendopathia and in bruxisms. *Kern* describes these insights as being "the change-over from a belief in sclerosis to the wisdom of acidosis." He shows that in case of a damaged myocardium, the oxygen utilization is disturbed and can be restored with strophantien. A cardiac infarction, as also apoplexia, goes back to three causes:

- general acidosis (in the Ground-System of *Pischinger*)
- local tissue acidosis
- acidotic rigidity of erythrocytes.

Naturally, acidosis is not found in the blood where for a long time it was searched for, but in the tissues where acids have just formed but fail to be removed from there due to ischemia. This creates a circulus vitiosus. Various tissues have different sensitivity toward acids, and the left heart and brain are correspondingly endangered.

Kern writes: "Through de-acidification measures, apoplexias and their developmental stages can be safely and happily prevented since 1978, and cardiac infarctions with their developmental stages likewise, since 1928, through the myocard-deacidification strophantien-therapy according to *Edens*." On the basis of these experiences and considerations, *Kern* faces the chemical determination of acids and bases according to their total amounts (weights) sceptically, because many acid remnants are already bound and harmless in the sense of excess-acids. He assumes that the problem in the tissues is caused by the excess of free acids. The pH-value of the urine is a measure for the degree of the acid-base situation, because excesses from an imbalance are immediately recognized as "waste" and, therefore, not reabsorbed by the kidneys.

However, secretions, such as saliva, perspiration, etc. are different because their production is purpose-bound and they somewhat distort the acid-base-proportion in some as yet unknown way. With limitations, they are sufficient for measurements, but not as good as urine. To obtain answers to these questions in a more personal experience, I undertook a self-experiment before I began working with my patients.

Observations during a fasting cure

During a fasting cure according to *F.X. Mayr*, I undertook pH-value measurements of the urine. One of the best known and most valued criteria of this cure is the strong elimination of acids followed by the disappearance of previously bemoaned joint problems in the patient. These acids are mainly periarticular acid deposits. With the modern measuring strips, which indicate even very narrow limits by their changes in coloring, today's pH measurement is no longer as difficult as previously. Even minor changes in the pH-value are indicated. I used the MD-indications-paper by *Madaus* for this purpose.

During my cure, I did measurements soon after rising in the mornings, at 10 a.m. (this is two hours after the morning cure bun), and in the afternoon, at 4 p.m. (two to three hours after the noon cure bun) because of postprandial base flooding, according to *Sander*. However, the latter might not occur overwhelmingly during fasting times. In the second week of fasting, the morning measurings of the urine always still showed a pH-value of 6.5. This was brought up to 7.0 with two teaspoons of ALKALA by SANUM-Kehlbeck in the course of the day, and later to 7.5. In this very simple way I was able to check the influence of diverse food substances on the pH-value of the urine during my subsequent build-up to normal nutrition.

Good therapy assistance through daily measurements

Due to this nutritional experience, and for several other reasons, I decided to prescribe such pH-measuring strips to my patients whenever there was a suspicion of excess acid, and gave them a list for entering their measuring results for one week. Illustration 1 shows the format of such a list.

Simultaneously and without any difficulty, the patient can also measure the pH-value of the saliva and enter it, as shown on illustration 1. From this, I try to gain an overview of the acid-base condition of my patient, and his regulatory

Patient _____ Age _____ Date _____

Date	Time	Urine	Saliva	Date	Time	Urine	Saliva
	7 h 10 h 16 h						

Illustration 1

capacity for the maintenance of the acid-base equilibrium. At first, the pH-value of the saliva merely points out the oral milieu; but later on, after longer experience, other hints to connections may arise.

The morning urine of "acid" patients should be brought up to 7.5 through taking alcali, such as ALKALA from SANUM-Kehlbeck. Because of the poor circulation, deacidification of the acidotic tissue cannot be reached otherwise. If this appears too risky for a dental practitioner, he should make efforts in finding a suitable internist for cooperation. Often, this is rather difficult.

It should be hinted here that the acid-base economy does not exist by itself. First of all we are dealing with a biochemical process, or rather, a condition of balance, but one must not forget that this, too, has its correspondences in other planes, such as energy and psychologic. The German saying that someone is "sour today" or "responding sour" (meaning "moody") shows this connection.

Thus, even uric acid diathesis is not primarily determined by nutritional chemistry but by the habits of the total being and its fundamental tuning.

These considerations are important, especially when dealing with prophylaxis, which should naturally not exhaust itself in the administration of minerals. Living conditions– such as daily agitations, stress, smoking and other addictions, self defeat, lacking self respect – which are contributory to hyperacidity and cardiac infarcts have to be improved, such as nutrition and fattening through animal protein. This reveals natural ways for prophylaxis and prepares for lasting success an a higher level. All this concerns dentistry only slightly, but should light up the background. In the long run, one is not satisfied even in dentistry with mere substitutions, as visible everywhere.

Dental hygiene and acid-base equilibrium

Effective dentistry is also to be looked at from this perspective. According to current understandings of medicine, caries is not just a simple brushing problem - as traditional medicine in general, and parodontology in particular, tend to represent it - but like all chronic diseases, it is conditioned by multiple factors. Some of the easily noted causal factors are:

- excess of acid in the organism
- disturbed oral milieu with wrong pH and dysbiosis
- a possible organic stress (or several) via the energy path of meridians which may be thought of as locus minoris resistentiae in the subtle energy supply of the mouth.
- the local, "mechanical-chemical" development of caries which is conditioned by plaque and bacteria. However, the bacteria are not the cause but the sequence to changes in the milieu. It is very likely that plaque is an analogy to caries and not its cause.

Readers who possibly consider this as "hair-splitting" (because every cause can again lead to another cause - and so on), must not mistake the great significance of the fact that we must always establish our therapy from the uppermost cause. Otherwise, one might easily treat against the wholistic core of all organic processes, for which the past development of medicine offers an abundance of inglorious examples.

A practical example for this is the excessive emphasis on cleaning teeth. Instead of taking the indicated background factors into view, we chiefly take care of the application of fluorine and the removal of plaque. Thereby, we damage the oral milieu with nonbiological toothpastes causing lasting dysbioses. On this topic, a quotation by *Abele*, from the publication "The Natural Doctor" (Issue 9/1988) from an article about oral virus infections:
"... whereas one must say that the preponderance of such microbic life-forms within a normal oral flora always represents a sign of a

weakened self-regulation. Most people use disinfectants for years and thereby ruin the flora in the cavity of their mouth. For instance, if you use a fluoride-containing toothpaste with foaming agents and spit just once into a water-butt, it suffices to kill all small lifeforms in it."

Hygiene of the mouth is more than tooth-brushing

In connection with our theme, it must be clearly stated: the mechanical aspects of oral hygiene - that is, toothbrush, dental floss, oral douche, and others - are sensible and useful, but the diverse chemical products are not so. The chemically caused damages through toothpastes, mouth-rinses, etc. - not only for the oral milieu but also for the remaining digestive organs - can nowadays not even be estimated in their total impact.

As such, we know distinctly that neither toothpaste nor fluorine constitute any causal therapy, yet these recommendations are continually repeated by official dentistry. What can all this mean? On one hand, traditional medicine wants to know nothing about experiential healing science, on the other hand, the application of fluorine is based on experience, drawn from accidental statistics, without inquiring after any genuine causality.

In this connection, also sugar consumption must be criticised. Instead of drastically limiting sugar consumption, official dentistry seems to believe that caries can be avoided by tooth brushing after each sugar consumption and also by fluorine medications. One often overlooks that particularly the intake of white sugar or of refined flour causes great damage to the entire organism.

Thus, it is a general fact of experience that the formation of intestinal mycoses is promoted by habitual sugar intake over a long period of time; this also shifts the acid-base equilibrium toward the acid side. Additionally, the factory sugar must be seen quite generally as a robber of vitamins and calcium from the organism (on this: *Bruker, Glaesel, Meede, Kinon, Volkmer* etc.). Therefore, it is not merely insufficient, but actually misleading, to recommend to the patient tooth-cleaning and fluorine for prophylaxis.

Especially, the resulting diseases are neither seen in their causal connection after many years nor properly treated.

Therefore, a general question must be asked of Official Medicine: "How much longer can we try to resolve the mistakes of yesterday, today, and tomorrow, with new and other mistakes?" The only correct approach to false knowledge/ ignorance can only be to explore just how the regular processes occur in nature, and then adapt one's therapy to nature's course. This means that the therapy form is to be preferred which adapts itself best to the natural course. Disinfective toothpastes and mouth rinses do not serve this purpose.

Correct nutrition is of prime importance

Everyday life shows the practical relevance to these problems of nutrition as the chief factor which decides upon one's health, including the health of the teeth and the mouth. Two more quotes make this clear. Although they do not entirely match, they harmonize well in their message: *J. Karl* explained in the periodical HP-Kurier 2/1988:
"...If a person e.g. eats a significantly larger amount of meat, eggs, cheese or other acid foods than the body requires, the excess acids occurring through the protein metabolism may be eliminated either:

a. through neutralization with the bases present in the additional foods (fruit, salad, milk, potatoes, vegetables), or
b. through combination with bases which have been retained in the blood from past meals, or finally
c. through extraction of bases from tissues, organs, bones and teeth (for instance, calcium).

"If all base reserves are exhausted, then the acids inevitably remain in the blood, until a fresh intake of bases makes the neutralization possible. But if one's nutrition is excessively acid over a long time, this leads to a number of diseases typical for this condition: rheumatism, neuritis, stone formation in gall and kidney, diabetes, high blood pressure, dental diseases, etc.

"The most important predominantly base foods are: fruits, leafy vegetables, root vegetables, vegetable fruits, stalk veggies (except asparagus), onions, garlic, potatoes, chestnuts, raw milk, yoghurt, sour cream, soybeans and their products, vegetable broth, egg-yoke, herbs.

"The most important predominantly acid foods are: meats, fish, fowl, game, sausages, inner organs, (liver,

Basic	mval:	Acid
White beans (fresh), green peas, cabbages: green, red, savoy, rutabaga, pumpkin, horse radish, green paprica, water melon, onions, champignons, garlic, apples, pears, berries: strawberries, blueberries, currents, cranberries; sour cherries, buttermilk, whey, yogurt, horsemeat.	1 - 3	Millet, dried peas, hazelnuts, almonds, waternuts.
Cauliflower, broccoli, white cabbage, watercress, endive-salad, chicories, radishes, black radish, sauerkraut, tomatoes, chanterelle, pineapple, apricots, bananas, blackberries, raspberries, black currents, dates, grapefruit, sweet cherries, peaches, plums, grape-juice, lemon-juice. Milk from women, cows, sheep, goats, skimmilk; sour cream, heavy cream blood.	4 - 6	Simonsbread, rusk, peeled oats, cornstarch (Mondamin), corn flakes, ricestarch, artichokes, cranberries, lard, Camembert, Emmentaler, Limburger, Parmesan, creamcheese, codfish.
Cucumbers, potatoes, kohlrabi, leeks, lettuce, celery leaves, chives, chicory roots, sugarbeets, oranges, wild plums, gooseberries, grapes, sweet chestnuts.	7 - 9	Army bread, white bread, husked wheat, walnuts, margarine, eggwhite, goose, calf (boiled), calf-heart / liver / kidney and tongue, mutton, eel, trout, flounder, halibut, lobster, salmon.
White beans (dried), leek-leaves, carrots, red beet bulbs, celery bulbs, Maybeets, Topinambur, dried hips.	10 - 15	Bread made of rye, wheat, barley; oatflakes, rice, rye, pasta, wheat grain, horse beans, Brussel sprouts, palm butter, hare, rabbit, pork, ham, pike, river salmon, lemon sole, tench
Molassis, dill, dandelions, mandarines, spinach.	16 - 20	Unhusked rice, dried lentils, peanuts, Brazil nuts, quark (lean and rich), hand cheese, pike-perch, eggyoke.
Dried fruits (raisins, figs, dates, bananas, etc.), olives.	over 20	Barley groats, barley (malt germs), duck, chicken, calf, roe, red deer, uncooked beef.

kidney) egg-white, cheese (the sharp kind more than the mild), legumes (peas, lentils, beans, especially dried ones) asparagus, artichokes, Brussels Sprouts, peanuts.

"Acid formers are: white sugar, white flour and its products (white bread, rusk, cookies, fine pastry, pasta, wheat-farina), oils and fats, especially when hardened, refined or heated, stimulants such as coffee, black tea, chocolate, alcohol.

"The following hold an approximate acid-base equilibrium: nuts (freshly harvested), fresh legumes with pods (green beans, sugar peas, etc.), millet and its products, whole-wheat bread and products, whole-wheat pasta, wheat germ, fresh butter."

To this quotation, the following comments: The blood only becomes overacidified when no minerals are available for buffering - and that rarely happens. The body considers its prime task to be the maintenance of the genetically fixed blood pH-value. To serve this purpose, it can draw bases from the tissues, or it can store disturbing acid molecules in the ground system (*Pischinger*), when the elimination is insufficient. By this, chronic acidosis symptoms develop, about which *Karl* writes.

The second quote involves a table for nutritive value by *Rumler*, as reprinted in the following. It offers a summary of excess-acid and excess-base foods. These foods are arranged in this table according to excess-base (B), or their excess-acid (A), and in both categories they are again arranged in groups according to degrees of excess.

Excess-acid or excess-base means the difference of the sums of base-forming (Sodium, Potassium, Calcium, Magnesium, etc.) and the acid-forming (Phosphorus, Sulpur, Chlorine) mineral substances, listed in chemically comparable weights (equivalent weights), be it in Millival (mval) or in ccm normal-acid or normal base, corresponding to mval. If, e.g., spinach weighing 100g fresh, contains 23.3 mval base-former and 6.4 mval acid-former, then it has an excess-base of (23.3 - 6.4=) 16.9 mval, corresponding to 16.9 ccm normal base. Turned around, if eg.100 g raw oatmeal has 24.0 mval base-formers and 37.4 mval acid-formers, then an excess-acid amount of (37.4 - 24.0=) 13.4 mval, corresponding to 13.4 ccm normal base. The excess in acid or base cannot be recognized sensually but can be established only by chemical analysis.

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The Elimination of Heavy Metals in Dental Practice

by Frank Spoden, Dental Surgeon, Germany

In modern holistic dentistry, the elimination of heavy metals has an increasingly important part to play, and can no longer be omitted from the majority of treatment plans.

Again and again, in the initial exploratory consultation, patients show a lack of understanding regarding the need for eliminative treatment. These fillings - mainly amalgam fillings - have been in place for years, they say, and there have been no problems with them. But just as frequently one encounters the opposite extreme: Patients place the entire blame for their health problems on the amalgam and, apart from its removal, they do not wish for any other treatment, such as removal of the metal mix from dental alloys and replacement with biocompatible, uniform dental metals.

Origins of heavy metal burdens from dental materials

In the German Federal Republic, as in other industrialised nations, it is regarded as normal for people to have several amalgam fillings in their teeth. Again and again, in a wide variety of publications from conventional dentistry, reference is made to the absence of any risk of toxicity from amalgam fillings. It is likewise regarded as normal that a number of different metals and metal alloys are employed in dental treatment. As a child one's first dental cavities were filled with amalgam. In the course of one's life the teeth suffer more and more, to the point where they can no longer be filled, instead of which they are restored with metal crowns composed of a wide variety of metals.

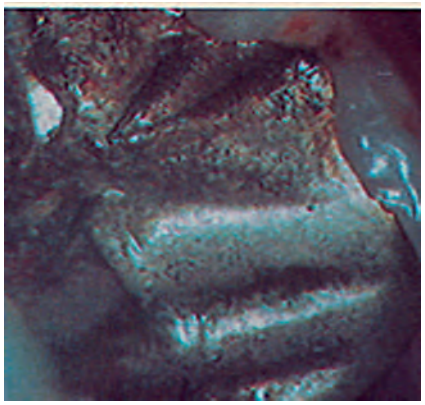
The official health insurance companies in Germany will only cover the cost of ceramic crowns and white fillings for the first five teeth in the upper jaw and the first four in the lower jaw. In the very place where large filled teeth are to be found, in other words the molars, the insurance companies will only pay out for a full metal crown. Not only that, but they will only pay up to € 10,00 per tooth (not per gram of metal). This frequently leads to false economies on the part of patients, who want an alloy with reduced precious metal content, which may cost less but is also less stable in the oral environment.

This inevitably leads to an accumulation of various dental alloys. (Alloys are combinations of various metals, which are cast together and placed on the destroyed tooth in the shape of a dental crown). Straight away this introduces a galvanic element - a battery in the mouth!

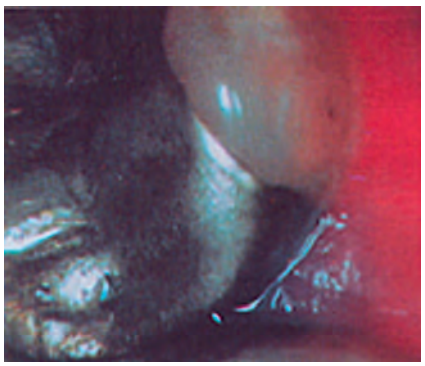
However, even one single filling has problematic potential, since generally amalgam fillings are packed in by hand, i.e. the dentist packs the material into the cavity with a round-headed packer. Thus the density of compression is inconsistent. To compensate for this shortcoming, amalgam condensers were manufactured in the shape of an angle-iron, which could be attached to the treatment unit and would pack the amalgam into the tooth at a uniform vibrational rate. After these fillings have set, cutting instruments are used to create contours ("hills and valleys") on the surface, so as to recreate the natural surface of the destroyed tooth as far as possible. In this way the masticatory movements in relation to the opposite jaw should proceed smoothly. Following this the surface is given a preliminary polishing, and only several days later is the final polishing carried out. With these fillings a very satisfactory surface is achieved, which compares favourably in hardness with an inlay. However, it is not possible to polish the surfaces which face the adjacent teeth, which means that already, within the same tooth, there are differences in hardness, density and surface polish, and so the first little oral battery is created.

Should a different metal or alloy then be placed in the mouth, the saliva provides a good conductor, and once again a battery has been created. However, it is now much more powerful and quite capable of dissolving and splitting the less precious material (usually amalgam).

The usually acclaimed stability of this mixture is reduced and the material decomposes. Fig.1 provides a particularly striking view of the porosity of the surface.



Particular complications and, later, parodontal and immunological problems result from the deposition of free silver in the gingival pocket. Such accumulations show up strikingly as a bluish impregnation of the gum (Fig.2).



Such deposits are found in patients with a mixture of metals, especially where they have been provided with higher-value metal alloys. In these cases parodontal problems are frequently found, with hæmorrhaging and pocket formation. These accumulations remain in place long after any extraction of the tooth, and must always be surgically removed.

The amalgam fillings shown in Figs. 1 and 2 are 16-year-old fillings which were done in the Göttingen Dental Clinic. The conditions under which these restorations were carried out may therefore be described as optimum. In spite of this the fillings, which are not in direct contact with a gold crown, show signs of extreme decomposition. The surfaces of the fillings reveal hundreds of tiny black craters - signs of break-up and decomposition of these supposedly extremely stable amalgam fillings.

Let us now take our thinking a stage further and consider how the environmental situation in the mouth (pH value of the saliva) is constantly changing for dietary reasons (acidic food and drink, etc.); it is easy to appreciate the chemical forces which contribute to the break-up, splitting and decomposition of these various metallic combinations. The products of this process are either swallowed, absorbed via the oral mucosa or inhaled.

In everyday practice we find a mixture of metals in almost every patient. One patient had received "restorative" treatment - a particular feat of dentistry and dental technology. On examination we found no less than 15 different metal alloys. This had cost the patient a lot of money, but clearly this restoration was not designed to improve the patient's level of health.

The outcome of this is a clear challenge to everyday dental practice:
to avoid, or at least minimise, the proliferation of different metallic compositions in patients' mouths. If a metal needs to be used, then it must be one and the same (nowadays this is technically quite possible). Several weeks before the assessment (i.e. the removal of old fillings and restorations), a heavy metal elimination must begin, so as to prepare the patient and his metabolism for this treatment and to enable him to come through the process unscathed.

Experience has progressively confirmed that 2-3 fillings (depending on their size) are the maximum number that may be removed in one session. For such a removal, strict conditions for the protection of the patient must be observed. The fact is frequently overlooked that dentists and their assistants are frequently exposed to these noxious and toxic substances for long periods at a time. Therefore it is in the interests of all concerned to avoid exposure to mercury vapour. For this reason dentists and their assistants should undertake regular heavy metal eliminations.

SANUM eliminative treatment

There are many conflicting procedures for the elimination of heavy metals, and both their efficacy and their tolerance by patients vary widely. Having been in practice for 15 years, I have come to the conclusion that the SANUM preparations constitute a very effective procedure which satisfies all the requirements. After taking them for only 1-2 weeks, patients feel extremely well. Common complaints, such as muscular pain, headaches, general weakness and feeling poorly, internal restlessness and poor concentration, very quickly disappear, even if the metals have not been removed. After removal this

elimination must be carried out for a few more weeks or months, depending on the severity of the case.

An important aspect of the elimination is also the replacement of depleted minerals such as zinc and magnesium, for instance. It should also be mentioned that the daily dose of the SANUM elimination represents excellent value for money, which makes it very acceptable to patients.

The eliminative treatment consists of USNEABASAN (beard moss), (5 drops twice daily), MAPURIT (1 capsule at lunchtime), ZINKOKEHL (5 drops in the evenings) and possibly also SELENOKEHL (5 drops in the morning). If an appropriate mobilisation of heavy metals is to be set in motion, then it must be clear that the patient has to be in a position to excrete these mobilised toxins. With increasing frequency we find that the intestines are unable to cope, and with this in mind SANUM extended the scope of their heavy metal elimination treatment. By incorporating OKOUBASAN and LUFFASAN into the therapy they have satisfied the requirement to promote excretion via the intestinal route.

Thus the **current** SANUM treatment for elimination of heavy metals, toxins and metabolic waste is as shown below:

- USNEABASAN (5 drops in the morning) and OKOUBASAN 2X (5 drops in the morning), in daily alternation from Monday to Friday.
- On both Saturdays and Sundays one tablet of LUFFASAN 4X.
- MAPURIT, one capsule daily at lunchtime; ZINKOKEHL 3X, drops daily in the evening.

At the time of writing I have treated about 35 patients in the space of 4 weeks using this new SANUM eliminative therapy. The results are even clearer to see than with the old elimination. With some patients there is an initial aggravation, but within a short while this leads on to a far better state of health. Thus treatment should be initiated with low doses of USNEABASAN and LUFFASAN.

In conclusion it must be reiterated that, where holistic dental treatment is concerned, heavy metal elimination is indispensable. Patients are clearly free of symptoms sooner and are much more amenable to further treatment.

Only when a method of dental prophylaxis is widely available to the general population will it be possible to prevent the use of dental alloys with their deleterious consequences, and only when children and their parents no longer suffer from dental defects will it be possible to dispense with such a prophylaxis.

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Odontology with Homeopathic Sanum-Preparations

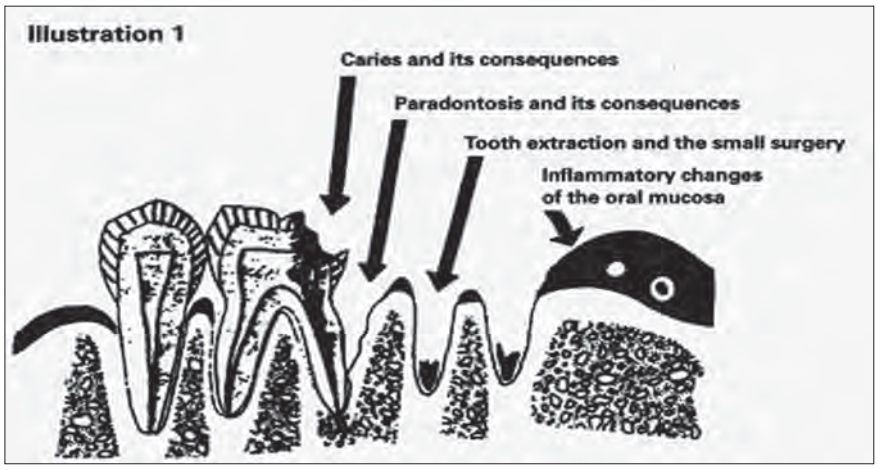
A Benefit for an Effective Treatment

by Dr. med. univ. Bruno Träger, Austria

Starting from Professor Enderlein's research findings, it is just a logical conclusion to apply these findings therapeutically also in odontology. A few years ago, there was nearly no literature available in this respect, other than those to be found in recommendations by the manufacturer. Thus, for the beginning only the preparation Pefrakehl 5X and 6X , later also Mucokehl 5X and 6X and only afterwards the other remaining preparations were therapeutically tested and applied. As all preparations are free from side effects and harmless to the patient, this experimental range was ethically justified.

Right at the beginning of the medication surprising things were showing up that will be related later. However, it must be emphasized here that only matters of daily practice shall be depicted. Thus, theoretical scientific perceptions shall be set aside. Illustration 1 shows in a rough sketch and not completely the daily problems of the practicing dentist: caries, paradontosis, extractions and small surgeries, and finally the inflammatory illnesses of the mucosa of the mouth.

The human digestive tract is a gigantic preparation plant, which supplies our body with essential energy and liquids.



Moreover, this plant detoxifies the metabolic end products, but via the gastro intestinal tract, some environmental toxins are taken into our body.

The teeth ought to assume the first function for food preparation. In this respect they are considerably relieved nowadays because modern people use extra oral preparation machines, such as mixers, mills, etc. Moreover, teeth, beautiful and healthy teeth, also have to fulfill an optic function. Who does not know the propaganda activities wherein brilliant teeth shall signal joy of life, optimism and success? And these teeth are worth preserving as long as possible. In the following the individual aspects of some illnesses shall be treated.

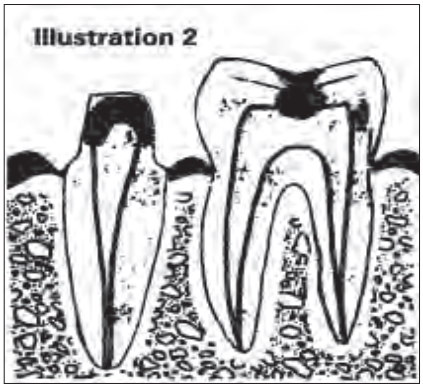
Caries and its consequences

Caries cuts a wound, which will never heal again. As a consequence of the destroyed enamel and the subsequently affected dentin, an inflammatory alteration of the pulp, namely pulpitis, will result. And this one can be very painful. The tortured patients are prepared for everything, just to be rid of their pain as soon as possible. In this case no isopathic-homeopathic preparation or any other remedy will help anymore. One can only lay an anesthesia as soon as possible in order to remove the offending nerve or even the whole tooth.

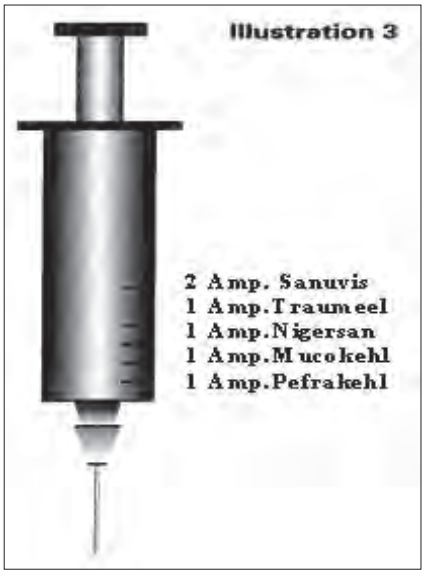
The case is completely different with a slowly beginning pulpitis, which will be noticed by a stinging pain during the intake of cold drinks or warm meals. In this case one should not devitalize right away. An injection of 0.5 - 1 ml of Pefrakehl 6X into the plica on the offending tooth will generally bring a quick recovery.

The carious dentin is excavated and a small pad of cotton wool,

moistened with Sankombi 5X, is inserted. The hole will then be provisionally closed. Thus treated, the pulpitis will surely fade away and the tooth can be subsequently filled without any problems. The same applies for a pulpitis appearing after grinding down vital teeth for the purpose of a later reception of crowns, inlays, etc. *(Illustration 2)*.

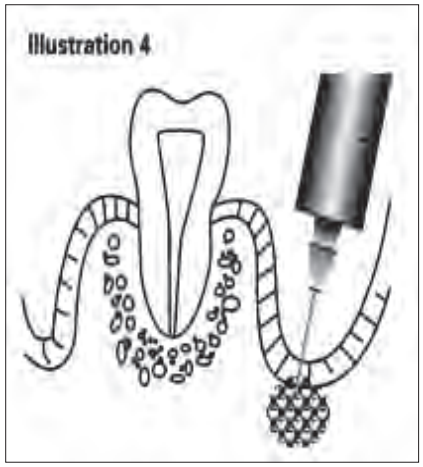


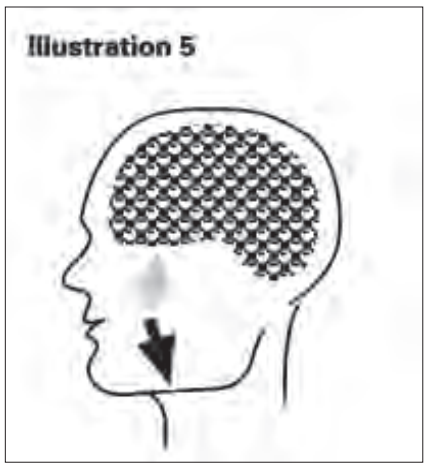
If due to progressed caries the pulp can no longer be preserved vitally, one has to devitalize. On principle we do this under anesthesia. On no account do we use a cautery such as arsenic or formaldehyde. There are justified assumptions that these kinds of preparations damage the periapical tissue to such an extent that chronically apical changes will result as delayed symptoms. In the course of the last year, we have found out in our surgery that by reasons of therapeutic simplifications a mixed injection is extremely effective during treatment *(Illustration 3)*.



The preparations indicated in Illustration 3 are drawn up in a 10 ml single-use syringe and well mixed. This quantity must be stored germ free and in case of necessity 0.5 - 1 ml will be taken with a 2 ml single-use syringe and injected into the patient. For that purpose we use very thin cannulas with a diameter of 0.4 mm. We made a puncture into the angle, resp. the plica of the maxilla and mandible (upper and lower jaw), but not very deeply. It will be sufficient to insert the needle in a jerky way into the submucosa. The patient will find this tolerable at best *(Illustration 4)*.

However, there are patients who have an insurmountable aversion to injections especially regarding those into the oral cavity. In this case we must decide in favor of a subcutaneous injection into the region of the forearm. In the oral cavity itself, while following a general therapy (prophylaxis of paradontosis), an injection into the plica of the mandible will be more tolerable, that is, with regard to the brain, in a centrifugal direction *(Illustration 5)*.





Treatment of pulp gangrene

The tooth, where the pulp, often not sensible for the patient, has decayed and become infected, will announce itself with an intense sensitivity to tapping. The trepanation of the offending tooth will bring a sudden relief. We carefully clean the root canal with an alcoholic soft soap dilution (approx. 5 %), rinse with water, dry and fill Sankombi 5X dilution into the root canal by means of a capillary pipette and close merely with a pad of cotton wool.

Around the root tip we inject 0.5 - 1 ml of our approved mixed injection. This procedure is subsequently repeated, and the tooth will very soon be prepared for the reception of an appropriate root filling.

The root filling will be made as usual with Lentulo or by way of the condensation method according to *Mc Spadden*, but this will be completely left to the individual practitioner.

Should there appear periostitic pains after such a root filling, they can mostly be controlled with our mixed injection. It is also possible to give this injection as a prophylactic means. This therapy should also be employed if there were periostitic pains through the hydraulic pressure on the existing root filling after sealing a root pivot or a pivot crown. In most cases this will be a question of a mechanical traumatic irritation of the periapex.

We have applied our therapy also in serious cases of apical and ostitic processes. The pathological changes could indeed not be removed hereby, but what seems most essential is that the worst could be taken from acute events.

This was, for instance, of special importance in the case of a female patient who after the birth of her second child fell ill with a gestational psychosis and who was delivered into the closed ward after an attempted suicide. The patient had a toothache, but was psychically not capable of dealing with any stress. An extraction was therefore not to be expected. After several administrations of Pefrakehl 6X (at that time we did not yet have the mixed injection), the periostitis calmed down and the offending tooth could be removed at a later point in time without any problems. This procedure also proved to be successful for certain types of managers who, being haunted with fixed dates wished to be painless for important decisions and by no means wanted to be burdened with an extraction that had just been carried out.

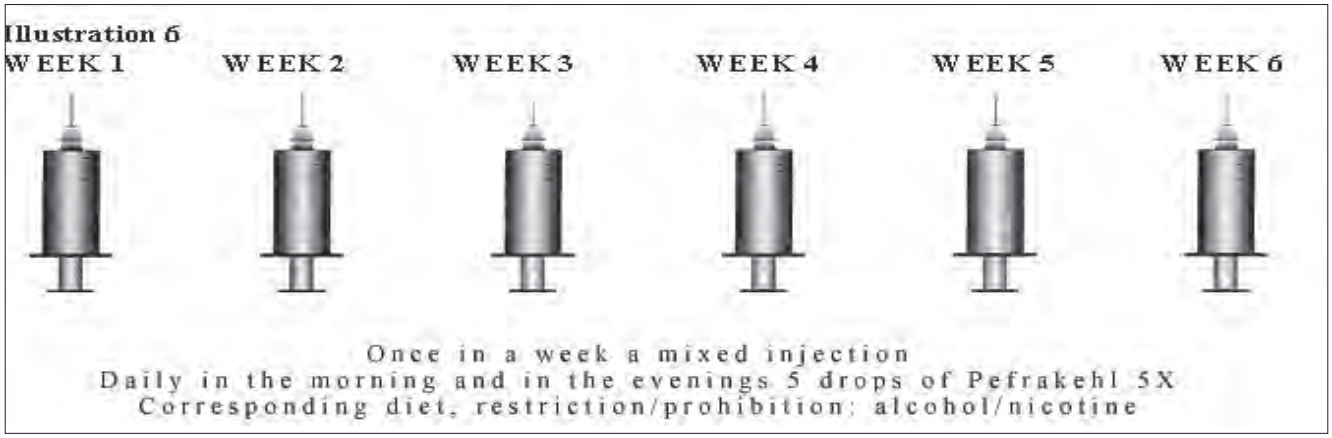
In some cases the apical abscess cannot be prevented; then an incision must be made. The cavity of the abscess can be filled with a strip of gauze, which has been soaked in Sankombi 5X. Into the surroundings we inject 0.5 ml of our mixed injection.

It must once more be pointed out that chlorophenole or tricresole or their related preparations do not have any more claims for existence in a modern practice. With unscented preparations, such as Sankombi 5X, we have, also with regard to scent, an exact control on the healing process.

Paradontosis and its treatment

Here we do not want to presume any speculations on the genesis of paradontosis; it is so much the worse to have it at all. In many cases it is a dental horror! It is an insidious illness because it begins completely painlessly. Only in the progressed stage pulpitis like or periostitic pains will arise while the pulp is vital. No age is exempt from this illness.

As regards therapy: In the far-progressed state, where the marginal bone has been nearly resorbed with the alveoli enlarged in aninfundibular way, and the teeth have become extremely loosened, there is only very little hope left. The most useful therapy can be done in the early stages and then only with those persons who are themselves interested in



preserving their teeth. These people will gladly support the discomforts of a treatment, burdensome adaptations in diet and the renouncing of habits (alcohol, nicotine). Naturally, our therapeutic scheme shall not be an enforcing direction for any practitioner, but merely a stimulant for thinking. Surely, there will be other possibilities to obtain maybe a better success.

For six weeks *(Illustration 6)* the patient receives one mixed injection, as indicated before, in the quantity of 1 ml once a week. Injection is made into the plica of the mucosa of the mandible. The patient takes 5 drops of Pefrakehl 5X daily in the morning and in the evening. The drops are either licked from the back of the hand or dropped onto a small piece of bread, which must be swallowed after having been well chewed. As a recommendation for diet, we give the patients the following advice:

1. Fast a little before the beginning of the treatment.

2. Restrict immediately toxins like nicotine, alcohol, coffee, etc. and noxious substances of plain cooking, for example, refined sugar and white-flour products; you will do best in giving them up completely.

3. Avoid animal fats during the treatment and cut down considerably on meat consumption.

4. Instead of animal proteins and animal fats, more vegetal products of high quality (possibly of biological cropping) and seedling oils or thistle oils should be consumed. Daily total protein intake 60 – 70 grams at the maximum.

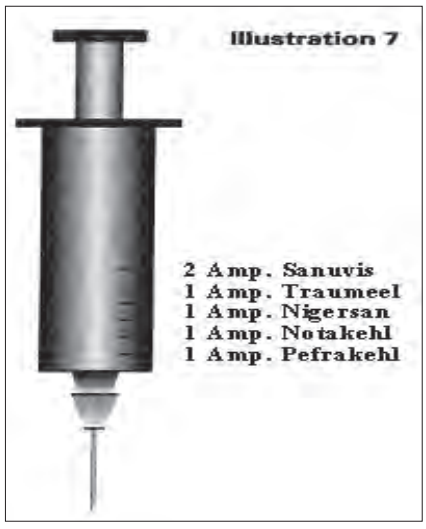
5. Change your eating habits. Instead of 3 dinners, 5 small meals should be taken per day.

6. The stools should function; if not, mild vegetal laxatives should be administered.

7. Depuration with teas, Berberis or others.

In addition, a most meticulous, careful hygiene of the mouth ought to be followed. Before the therapy, the dental calculus must be exactly removed by the attending dentist. Additionally we have also invented a form of treatment with a special gel. We prepare this gel ourselves in the surgery, but it can also be mixed by a pharmacist. The preparation is as follows:

10 ml of a Pefrakehl 5X dilution and 10 ml of a Sankombi 5X



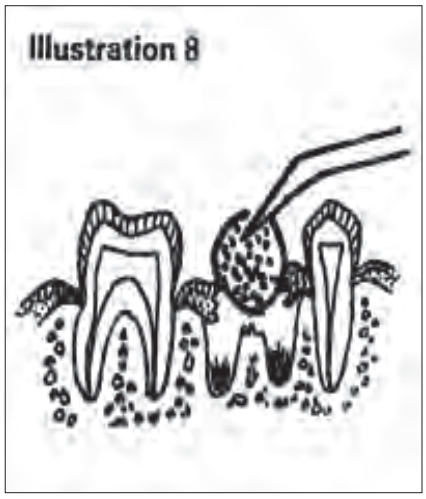
dilution are well mixed with a wooden stick in a beaker. We add methylcellulose, a substance which is also employed in pharmaceutics for the manufacture of emulsions; as well as adhesive powders for dental prostheses are produced (we have empirically found the necessary quantity). After approximately one hour we have a consistency like a paperhanger's paste. [We dye this product with one drop of methylene blue to make more visible in case of need.]

In order to prevent a desiccation, we fill this gel into a 10 ml disposable syringe. We close the cone with an injection cannula, the needle of which was pinched off. Thus, this preparation is ready for use at any time. After each removal of dental calculus, we apply this gel onto the gingiva, also after the grinding down of teeth. The application is quite manifold and will be pointed out later.

Tooth extraction and the small surgery

After each tooth extraction we inject 0.5 ml of our mixed injection into the surroundings of the wound *(plica)*. Patients who otherwise feel the needle's point of puncture in an unpleasant way even weeks after the extraction, will now beneficially miss this pain. Also the wound healing will progress rapidly and without pain.

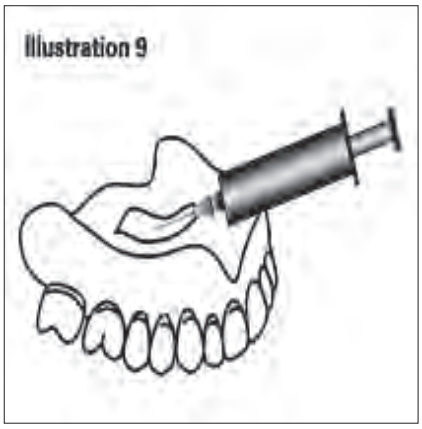
Should a "dry alveolus" nevertheless appear, we give our mixed injection in a modified form *(Illustration 7)*. Instead of Mucokehl 6X, we draw up



Notakehl 6X . The time distance of that injection to that one containing Mucokehl should be of approx. three days because of the antagonism between them. This is in most cases also the space of time when a "dry alveolus" will appear.

A Gelastypt sponge is well soaked with this mixture from the syringe and carefully pushed into the alveolus. A dressing of zinc oxide and eugenol may be put on top of it. After 2 to 3 treatments the patients are in most cases painless *(Illustration 8)*.

A frequent problem in daily practice work is the complicated eruption of the lower wisdom tooth. In the first instance we will try to slide a strip of gauze, which is well soaked with the dilution of the mixed injection No. 1 (with Mucokehl), under the lobe of the mucous membrane. The complaints will most probably fade away, but this is not a solution forever. As a rule, the erupting tooth will have to be exposed with the cautery loop (electrotomy). After the operation, 1 ml from the mixed



injection No.1 will be deposited into the surroundings of the wound.

If an immediate prosthesis is inserted right after extraction, we put a strong cord of our gel onto the synthetic material plate. The wound healing will be visibly accelerated and the after pains will be essentially reduced *(Illustration 9)*. One week before greater operations, the after pains can be reduced in most cases to a minimum by a prophylactic administration of 0.5 - 1 ml of the mixed injection No. 1 (with Mucokehl) in intervals of 2 to 3 days.

The inflammatory changes of oral mucosa

The daily bread of the practitioner is surely the broad palette of stomatitis. Here we can excellently apply our gel; additionally we can also make injections. The gel can also be filled into a 2 ml syringe and handed out to the patient for self treatment. In such a case or for children, the gel can be made more attractive with some drops of peppermint oil.

For the extremely unpleasant aphthas we have invented the following method of treatment: If the patient does not oppose and if the aptha is lying in the area of the movable mucosa, we place a small sub-mucous deposit from our mixed injection right next to the affection. If this is not possible to do, the gel is applied; and this is repeated daily, eventually by the patient himself, if he has the necessary skillfulness. Treated this way, the aphthas will heal considerably quicker than with conventional methods of treatment.

Mechanical irritations of the oral mucosa by a removable denture are also treated as indicated above; naturally, the cause must also be eliminated from the denture. Further indications for a treatment with the described gel are as follows:

- Stomatitis ulcerosa
- Herpes of the lips and of the oral mucosa
- Rhagades of the corner of the mouth
- Istrogenic injuries of the oral mucosa (turbines)
- Sports injuries
- Stomatitis simplex (catarrhalis)
- Stomatomycosis (candidiasis)
- Glossitis (mostly mechanically caused)
- Cauterizations, and many others

Aspects regarding pedodontia

In this respect our leading principle is the extremely careful treatment of the young patient. On principle we make extractions only, if this is necessary for reasons of health, cosmetic or operative dentistry or other compulsive facts. It seems to us as rather precarious to extract a milk tooth only because its pulp is devitalized

and because it is afflicted with a fistula. Brutality and senselessness toward the innocent young patient has in most cases led to an emotional fright neurosis, lasting till old age of the persons affected.

We use turbines as dentin removing tools as rarely as possible. In most cases it is sufficient to remove the carious dentin manually. For that purpose we drop with a capilla pipette a small quantity of a 60% citric acid dilution into the cavity. With an extremely sharp excavator it is possible to lift out the soft dentin and remove it completely on the whole. An existing pulpitis can be healed with Sankombi 5X; we seal with glass fiber jonomer cement.

If an anesthesia is indispensable, we use in the milk dentition the ligament anesthesia with an extremely short needle. In most cases the child will not notice it at all and will not be anxiously defensive beforehand against a long syringe affecting its imagination. In the maxilla it will be more favorable to place a small deposit into the plica above the tooth with the same extremely short needle.

We reject an inhalation narcosis as it is often propagated in order to restore rationally and painlessly the milk teeth in one sitting. For psychological reasons the child must get to know step by step the inconveniences of life, which also include pain. Pain is a necessary part of each individual's existence. If all discomforts, whatsoever encountered, are taken from a child with a lot of effort, there might be a breakdown of its psyche later if these possibilities no longer exist.

Information for the patient

Nowadays patients are mostly rather instructed and informed; at least they believe to be so. Mass media and information sources, though the seriousness of these must sometimes be doubted, contribute to this belief. Therefore, it might often happen that the patient puts questions like the following:

- Are these injections and this kind of treatment not dangerous?
- Will they affect my heart or any other organs?
- Could any side effects result from them?
- Can you answer for this treatment during a pregnancy etc.?

The answer thereon must be given individually, depending on the degree of intelligence of the treated person. On principle we avoid speaking of parasites in the blood (because this might be completely misinterpreted). Our information for the patient sounds in general more or less like this:

"Health of the human body means an equilibrium of the biological forces acting in this body. By different external (environmental poisons, malnutrition, etc.) and internal (inherited dispositions, weakness of organs) influences, this equilibrium may become disturbed. This disturbance will manifest itself through various symptoms. In your case it is (for instance) paradontosis. By these injections, which are completely harmless homeo-pathic dilutions, the biological equilibrium will be restored. These injections have no effect whatever on the organs or the circulation. They mobilize the natural defensive forces of your body and thus induce healing."

The occurrence of failures

The therapeutic possibilities shown up to now must not give the impression of having been put on the stage without any hindrances. The initial number of failures could be considerably reduced with the mentioned mixed injection. As we do not make any statistics in our practice, we can only emotionally indicate the number of failures to be 15 % to 20 %. Therapeutic variants would have to be found in order to reduce this percentage.

Summary

Only a few years ago we introduced the application of homeopathic Sanum-preparations in our dental surgery cautiously and with reservations. Since then we have seen clear therapeutic successes in pathological cases which could not have been obtained with conventional medications. In addition there is also the marked harmlessness of the preparations because they are all free from side effects. The indicated therapeutic

forms shall not be a definite doctrine but shall merely offer some impulses of thinking on order to reflect upon the adopted way and to change it or to orientate oneself completely anew.

"He who heals is right." It will be left to the practitioner how to fulfill this task. We no longer want to be without the homeopathis Sanum-preparations in our daily practice work. They give us the possibility to realize a treatment on our patients, which is effective, soft and without violence.

First published in the German language in the SANUM-POST magazine (1/1987)

Isopathic Treatment of Mucosa and Teeth

Mouth, Environment and Regulatory Medicine: Teeth and their Treatment with Sanum Remedies

The Holistic Treatment of Common Dental Problems Using Environmental Therapy, and Homoeopathy

New Methods for Holistic Treatment of Dentogenic Illnesses Involving Foci of Infection

Dr. med. Thomas Rau, Switzerland

Introduction

One of the most important preconditions for successful treatment these days is a very close degree of integration of holistic dentistry into biological and regulatory medicine. Increasingly we are finding that dental foci of infection - sadly these are frequently iatrogenic - contribute causatively to chronic diseases. Whereas there is a general awareness these days of the amalgam issue, sadly there is much less awareness of the issue of dental root foci and the problem of endodontically treated teeth. In medical circles there is even less awareness of the very close relationship between the parodontium, the oral mucosa, the pharynx, and also the nasal sinuses.

In this article I should therefore like to report on what we are doing in our clinic towards the holistic medical treatment of oral disease, affections of the nasal sinuses and parodontosis. I should also like to report on how we employ treatments of the teeth and sinuses as reflex therapy for internal diseases.

Such diseases are almost always an expression of systemic environmental disturbances and are optimally susceptible to isopathic treatment. In fact, there are signs that in most cases the course of even chronic organic diseases can be influenced by logical environmental therapy and the healing of teeth.

The use of isopathic and immunobiological remedies, and of a few adjunctive therapies, will be demonstrated in concrete terms. Whilst dealing with the subject of parodontosis, I shall touch on the concept of meridians - partly in a representative way.

The mucosal system is extremely dynamic and must be regarded and treated in its totality. This also explains why the mouth and nasal sinuses must always be included in any treatment of chronic mucosal diseases, such as asthma, colitis, allergies and susceptibility to infections.

The **significance of teeth which are dead at the root** will be touched upon briefly, as will the possibility of avoiding endodontic interventions with isopathy and eliminative treatments.

There will also be a demonstration of **Stabident**, the new method developed by us for **intraossal injection of Sanum medicines** and non-surgical cure of infectious foci.

Sanum medicines and homoeopathics in holistic dentistry.

Superb possibilities exist for the treatment of the teeth and oral mucosa, linked with the gingiva, but also the parodontium, not only with isopathic remedies, but also with complex homoeopathics. There will be an explanation of some of the most important remedies.

Systematology

There is an extremely systematic structure to the range of medicines produced by **SANUM** as is also the case with the complex homoeopathic remedies produced by HEEL. By way of explanation, we have produced the classification below (see table 1).

Explanation of the application of some Sanum remedies in the oral area

Arthrokehlan A:

Detoxified filtrate from a culture of Propionibacterium acnes.

Table 1

Systematology of the Sanum "Dental remedies"

Isopathics:
alter the pathogenicity of bacteria
alter the cellular metabolism and
environment by influencing the symbionts

Notakehl (Amp/Tabs/Drops)
Mucokehl (Amp/Tabs/Drops)
Sankombi D5/5x Drops
Nigersan (Amp/Tabs/Drops)
Pefrakehl (Drops/Amp.)
Quentakehl (Amp/Drops)
Ruberkehl (Drops/Amp)

Immunobiologicals:
similar to an inoculation, these alter the immune reaction, using bacterial toxoids or bacteria and enhance the activity of leucocytes and lymphocytes

Arthrokehlan A (Amp)
Utilin (Amp/Drops)
Latensin (Amp)
Sanukehl Cand / Sanukehl Pseu (Amp)

Environmental Regulators:
Potentised metabolic products, base remedies, trace elements

Alkala N (Base powder)
Citrokehl, Sanuvis, Formasan (Amp/Drops)
Mapurit (Caps.)

This bacterium was formerly known as **Siphonospora polymorpha Brehmeri**. From the pleomorphic point of view this is the most important microbe for dentistry. Exhaustive investigations by GEORGE MEINIG + VINCENT PRICE (USA) have demonstrated that, in all teeth subjected to root canal treatment - and therefore dead - these "slow bacteria" were present and whilst decomposing, release toxins and form free radicals and are barely eliciting any granulocytological reactions, thus ensuring the chronicity of the infective focus. (DOSCH's definition of an infective focus: chronic sub-symptomatic inflammation with a distant mesenchymal reaction!)

Arthrokehlan A **boosts the immune reaction** in old dental granulomas and chronic dental infective foci, so that these old foci may be dealt with.
It may be injected subgingivally, in the vestibular fold, or into the alveolus following an extraction. In the case of concomitant sinusitis, or chronic sinusitis, it may be used in nasal treatment.

We practically always use it as **the main remedy in intraossal Sanum Injection** (Rau's method). (See description towards the end of this article.)

Arthrokehlan A is injected at intervals of about 1 week; directly following the extraction of teeth which are dead or have root infections, 2-3 times a week.

Homœopathics for Treatment of Teeth and of Mucosa in the Oral Area

Catalysts, Complex homœopathics, Nosodes
(For Sanum Remedies see separate table)

Enzymes, Catalysts:

Coenzyme comp. Amp. (Heel)
Ubiquinone comp. Amp. (Heel)

Homœopathic complex remedies:

Lymphomyosot Amp. (Heel)
Traumeel S Amp. (Heel)
Echinacea comp. S Amp. (Heel)
Mucosa comp. Amp. (Heel)
Solidago comp. Amp. (Heel)
Hepar comp. Amp. (Heel)
Tonsilla comp. Amp. (Heel)

Cell and Nosode Preparations
(There is a choice between the Suis preparations by Heel or the Cell preparations by Wala)The Nosode preparations in harmonic potencies (Injeel) have proved their worth. However, it is also possible to use nosodes from Stauffen in single potencies.Given below is an incomplete list of Heel remedies:

Gingiva suis Injeel Amp.
Os suis Injeel forte Amp.
Mucosa comp. Amp.

Kieferostitis Nosode Injeel Amp.
Sinusitis Nosode Injeel Amp.
Granuloma dentis Injeel Amp.
Penicillin Injeel forte Amp.
and nosodes of other antibiotics

Important:
All these medicines must be combined with the Sanum isopathic and environmental medicinal products: Always as a longterm treatment!

Isopathics:

Notakehl D5/5X (Amp/Tabs/Drops) Absolutely the principal remedy for all bacterial problems in the oral area. It can be taken orally as tablets: 3 x 1 tablet daily to be dissolved in the mouth.
E.g. apply to the site of an infective focus in parodontosis, and let it dissolve there. Or apply to the alveolar cavity of extracted teeth and let it dissolve there.

Notakehl D5/5X ampoules are always injected immediately after an extraction, usually in combination with Injectio Lymphatica and Arthrokehlan A, *into the alveolus, but also peridentally subgingivally.* Since we adopted this practice, we no longer use antibiotics. In the case of inflammatory concomitant symptoms, severe swellings, or following very traumatic extractions, we additionally administer Traumeel S Amp (Heel).
We also almost always administer Notakehl D5/5X ampoules in the case of sinus wash-outs (q.v.).

Notakehl D5/5X drops are used in parodontosis (q.v.) and in all forms of sinusitis. The drops are trickled into the nose several times daily.
Notakehl D5/5X drops also form part of the basic treatment in infantile otitis media and in tonsillitis, trickled into the nose several times daily.

Pefrakehl D5/5X (Drops/Amp) is employed in a similar way to Notakehl, but rather for ***chronic complaints that accompany candida or fungal infections***. It may also be used as a topical, gingival or nasal application.

Quentakehl D5/5X(Amp/Drops), a good medicine for ***viral infections***, e.g. ***stomatitis aphthosa***, but also, nasally, in influenza and recurring viral infections, at the acute stage. At the chronic stage we prefer to give Sankombi (see below) to improve the quality of the mucosa.

Fortakehl D5/5X(Amp/Drops/Tabs): this medicine is used to regulate the flora of the upper gastro-intestinal tract; in dyspepsia, campylobacter infections etc. it is prescribed nasally and orally (3 x 1 tablet). As an ampoule it is prescribed in sinus wash-outs (see below). It is of less use in the oral area. Stage 2 of intestinal flora regeneration (see item towards the end of this article).

Sankombi : Environmental treatment for the oral and dental areas!

Sankombi D5/5X drops: The chief remedy for topical use in all chronic problems of the mucosa in the oral-facial area. ***Always as a long-term treatment!***
The results achieved are often absolutely remarkable, if at the same time the acid-base-environment is altered, i.e. there is a stabilisation of the improvement achieved by Sankombi in the mucosal cells and symbiosis.

Sankombi D5/5X drops are a 1:1 mixture of Nigersan (Aspergillus niger, chondrite stage) and Mucokehl (Mucor racemosus, chondrite stage), and it has a deep intra-cellular action, as well as acting on an interstitial, mesenchymal level. It improves the metabolic transport by altering the interstitial viscosity, the flow of information and also the response to homoeopathic remedies.

The **indications for Sankombi in the dental and E.N.T. areas** are incredibly numerous: (see table below)

Indications for Sankombi
in
Ear-Nose-Throat and
Dental areas:
- Susceptibility to infections
(after starting treatment with Notakehl)

- chronic sinusitis
- chronic rhinitis
blocked tear-ductso
recurring stomatitis aphthosa

pollinosis, between acutes
(treat in acute stage with Ruberkehl)

- asthma (adjunctive treatment)
- lichen ruber planus (always clear Hg!)
- chronic recurring otitis (between acutes)
chronic recurring tonsillitis
(between acutes)

In all chronically recurring infections we recommend that treatment be combined with REBAS D4/4x caps.
(also for long-term use, 2 x 1 caps. daily. Caps. to be opened and trickled into the mouth or nose)

Ruberkehl D5/5X (Drops/Amp):
For allergic complaints such as pollinosis, asthma, as a long-term prescription and most effective when applied nasally.
Aspergillus ruber is a fungus, occurring extensively on damp plants in spring and early summer. It has been implicated in pollinosis insofar as it is carried by the wind, along with pollens, in windy situations, is identified by the organism as a foreign protein and thus has an allergenic action. On the one hand, Ruberkehl reduces the pathogenic high valencies, according to the laws of pleomorphism; on the other hand it stimulates the T-helper lymphocytes, acting as an immune stimulant, and this explains its action on pollen allergy.
We employ Ruberkehl in long-term treatments, trickling it into the nose (2-4 x 6-8 drops), commencing 1-2 months before the pollen season and then throughout it; this is followed with Sankombi drops until the next pollen season, likewise nasally administered on a daily basis.

Ruberkehl D5/5X ampoules are also employed by us in nasal treatments for patients with allergies.

Albicansan D5/5X (Drops/Amp)
(Caps. not used in oral treatments)
A very effective medicine in treatment of the mouth. It is effective not only in **Candida albicans** - as its name might suggest - but in all mycotic problems, since it acts not only isopathically by reduction of the pathogenic high valencies of Candida saprophytes, but also raises the T-lymphocyte count and activity.

Parodontosis
Forms:

- Parodontosis of single tooth

- Meridianal parodontosis

- Generalised parodontosis

- Atrophic-degenerative form

- Hyperplastic form -

However, Candida albicans in the oral area, as well as in the gastrointestinal tract, is always an environmental problem and therefore requires intensive treatment on the environmental level. This involves de-acidification using Alkala N, application of mineral material (e.g. Mapurit 2 x 1 daily) and detoxification inter alia of the mercury load which is usually present.

Like algae, Candida bonds to a high degree with the quicksilver which leaks from amalgam fillings. Thus, if the Candida is reduced by Albicansan treatment, there may be an initial release of "Candida toxins" and mercury in particular into the system. This may temporarily result in strong symptoms.
This explains the initial aggravation which is sometimes observed after Albicansan - something which is not seen with any other Sanum isopathic remedies.

The dosage of **Albicansan** drops should therefore be built up gradually, beginning with 1-2 drops twice daily, then increasing by one drop per day, until a dosage of 2-10 drops daily is reached. These should be held in the mouth for as long as possible and then swallowed.
Albicansan should preferably be prescribed along with Sankombi, to improve the cellular environment (see above).

Indications for Albicansan in the mouth and oral area:

- **Stomatitis aphthosa** (along with Quentakehl drops, Mapurit, Vit. A.)
- **Dyspepsia / Oesophagitis/ Hyperacidity** (always combined with Alkala N)
- **Oral thrush**
- **Lichen ruber planus**
- **Asthma** (initially combined withRuberkehl, later with Sankombi)
- **Burning of the tongue** (liver treatment and Alkala as well) Susceptibility to infections.

Parodontosis and mucosa, intestinal environment and Sanum treatment

This chapter will be covered only very briefly below, and in tabular format. Parodontosis is extremely closely linked to the mucosa, but also to the meridians.

Parodontosis: Aetiologies

- Intestinal disturbances / Dysbioses -
- Amalgam / Dental currents -
- Problems of statics -
- Sinus problems -
- Meridian-associated disturbances / Distant organs -
-Hormonal disturbances -
- General degenerative tendency -
-Congestive tendency -

PARODONTOSIS
the holistic treatment

**** Cleansing of dental infective foci**
**** Removal of galvanic phenomena**
**** Treat disturbance of the meridians**
(Distant organs as aetiology, especially in isolated parodontosis)
**** Altered saliva**
(Basal treatment using Alkala, diet, abstaining from nicotine)
**** Isopathic treatment**
(Notakehl swabs, Pefrakehl, Arthrokehlan, Nosodes)
**** Toxins/Amalgam**
**** Neural therapy, Cellular therapy**

Restoring the Intestinal Flora according to Dr. med. Th. Rau

Environmental treatment:

- Alkala N -
- Multimineral tablets or Algæ -

Intestinal mucosa:

- Mucosa comp. Amp. (Heel)
-(Twice daily, 1 amp. to be injected at M25 point or drunk)
- Dr. Werthmann's diet -

Intestinal flora:

-Initially: **Fortakehl D5/5x, 3x1 tabl.**
-Then: **Pefrakehl caps or drops, 2 wks.**
-Then: **Sankombi D5/5x drops, 2x10 or -**
-Mucokehl and Nigersan

Immune stimulation:
in chronic infections, colitis, etc.

- Utilin and Recarcin (Sanum) **caps., 1 of each weekly -**
- Rebas D4/4x caps. (Sanum) **2x1 caps./day**

Thus, in considering **individual teeth affected by parodontosis**, links may be established via their meridians with the associated organs; these and the meridian itself must be included in the treatment.
Should parodontosis occur in correlated teeth on the same meridian (RAU's concept of **"Meridian-Parodontosis"**), treatment may confidently be undertaken on the basis of an energy disturbance of this system.

Generalised parodontoses always come under the heading of internal disease and diseases of the whole **mucosal system**, and must always be addressed with systemic treatments.

Therefore we have shown in a table the necessary **hypo-allergenic diet for cleansing of the mucosa**, devised by Dr. Werthmann (and slightly modified by Dr. Rau). Likewise we have also shown the **restoration of symbiosis, according to Dr. Rau**, without which a localised treatment of parodontosis will scarcely ever be successful.

In the case of parodontosis in general one should always bear in mind disruptive factors such as **heavy metals, altered pH and galvanic currents in the mouth**.
So long as all these factors are taken into consideration, along with the nasal treatment of FERRONATO and RAU, treatment of parodontosis is always successful. As an easily visible disturbance of a problem of the whole mucosa, parodontosis falls within the domain of biologically regulative treatment, and of Sanum treatment in particular.

Dr. Konrad Werthmann's hypoallergenic diet, as modified by Dr. med. Thomas Rau:

Forbidden foods:

- **Cow's milk products** (all: milk, yoghourt, cheese, quark, butter, cream, ice cream, etc.)
- **Hen's egg products** (all, incl. biscuits, cream desserts, pancakes, mayonnaise, etc.)
- Pork, sausages, etc. (anything from the pig!, because of sutoxins and histamine, and because of Arachidonic acid)
- **All meat from mammals** (because of endobiontic contamination with valencies of Mucor)
- **Tropical fruits and their juices** (initially for several months, thereafter only permitted in the mornings, as otherwise may cause strong fermentation)
- **Nuts** (apart from almonds and cashews, as nuts are allergenic)
- **White sugar** (permitted sweeteners are pears, maple syrup, honey and saccharin)

Permitted foods:

- **Goat- and ewe's-milk products in small quantities** (high in calcium)
- **All vegetables** (initially best lightly steamed, since raw not easily broken down on account of pancreatic weakness, leading to fermentation)
- **Cereal products, incl. eggless pasta**
- (Semolina pasta = Italian pasta)
- **Potatoes and chestnuts** (very basic), in the evenings jacket potatoes are ideal (i.a.)
- **Meat: only poultry or fish, but only once a week**! In re-tuning the acid/alkali balance and regenerating the mucosa, it is most important to avoid animal protein.
- **Fruits** (all fruits only before midday, and no tropical fruits)

This diet must be followed for several months!

The significance of dead teeth for the organism as a whole

If a tooth dies, its pulp decomposes necrotically. Products of necrotic decomposition are formed, giving rise to a leucocytic reaction. The consequences are invasion by granulocytes, decay and proteolytic digestion.

The intensity of endodontic inflammation depends on the circulation. It sometimes happens that resorptive inflammation acts insidiously, developing either into a dental granuloma or, in the case of even slower reaction, into a hyperostotic peristatic reaction. Modern endodontics (root canal filling) diminishes the proteolytic and leucocytic digestion of the dead tooth almost completely. The dead tooth is not rejected in an expulsive reaction, and a chronic infective focus forms, since the necrotic proteins remain locally, either being deposited or decomposed fungally, as in mummification. Aspergillus will become established. For this reason, when treating any tooth which is dead at the root - also where there is a degenerative disease-picture - we employ the Sanum Aspergillus preparations.

The necrotic proteins of dead teeth are highly toxic. Therefore toxic products will be formed in the pulp of dead teeth, such as sulphurous toxins **(mercaptans, thioether, and carcinogens such as indol, skatol, tryptophan and free radicals).** This explains why investigations in the USA have revealed that the occurrence of carcinoma increases with the frequency of root canal treatments. (DR. WESTON PRICE, described in great detail in GEORGE MEINIG'S book: „ROOT CANAL COVER-UP - Damage to your Health." Bion, Ojaj, California, ISBN 0-945196-19-9).
In another investigation it was revealed that - in Myelin-defective areas of the spinal cord in MS patients - the same toxins could be found as in the dead, root-canal-filled teeth of MS patients.

These new investigations also confirm our clinical observations, which showed that not a single one of our many MS patients suffered any aggravation or new thrust of their MS following methodical dental cleansing, including removal of all root-canal-treated teeth and amalgam fillings.

We consider these toxic products to be of great significance, both from the mesenchymal point of view, and also as causative factors of disruptive foci of infection.
The somewhat inert system of the dead endodontium fulfils all the classic preconditions for the development of a chronic disturbed focus of infection, since toxins remain latent over a lengthy period of time, blood circulation is prevented and with it any possibility of proteolytic processing of the toxins. Thus bacteria(so-called"slow bacteria") are able to multiply in delayed action: Siphonospora, for instance.

In Dr. Peter Dosch's Manual of Neural Therapy
we find the following descriptions of the focus of infection
and the disruptive field:

A Disruptive Field is an active, neurohumoral area of altered tissue, which has a distant action via neural or autonomic pathways.

A Disruptive Focus of Infection is a sub-clinical, localised chronically inflamed site, which has a distant action via bacteriotoxic, mesenchymal pathways.

Disruptive Fields and Foci of Infection bring about an alteration in the environment and mode of reaction of individual organs, or even of the whole organism.

Where there exists an inherited or acquired predisposition of an organ, the result will be the disease dictated by the disruptive field.

The nature of any chronic disease may be conditioned by a disruptive field or focus of infection.

(Peter Dosch - Lehrbuch der Neuraltherapie nach Huneke, Haug Verlag)

The above-mentioned **colonisation by bacteria** is obligatory in all dead teeth, including those affected by root-canal treatment. Thus in an examination of over 30,000 dead teeth, the presence of **Siphonosporum polymorphum Brehmeri** was demonstrated. (See also above under Arthrokehlan A). Enderlein also described this as an indication of a degenerative and carcinogenic burden. Therefore we use **Arthrokehlan A**, the specific indicated immune stimulant, locally and systemically, in any treatment following extraction of dead teeth, but also in any odontogenous affliction associated with a disruptive focus of infection.

Even when a root canal treatment is perfectly performed, endodontically speaking, it cannot prevent this disruptive field action, since the millions of minute or larger sub-canals in the dentine also contain proteins, and these cannot be filled. As well as this, root filling materials are introduced into the pulpal spaces, precisely in order to minimise any rejective reaction. These favour the formation of disruptive foci, i.e. the development of sub-clinical reactions and, once again, can have mesenchymal and neuroendocrinological effects, since they contain cortisone in some cases, toluols in others, and almost always antibiotics.

For all these reasons it is easy to see that dental foci, i.e. teeth dead at the root, particularly satisfy the criteria for disruptive foci of infection, and this is why they so frequently produce (unwanted) effects.

This disruptive action of dead teeth takes place on various levels:

1. Toxic-mesenchymal action by means of necrotic proteins, bacterial toxins, root-filling materials
2. Localised necrosis and sub-clinical inflammation: action via meridians
3. Alternation of the local environment and localised dysbiosis (Sipphonospora)
4. Galvanic problems to do with metallic fillings

1.) The treatment of toxic phenomena and necrotic proteins:

In our view, root-canal filled teeth should be removed without question, since they always have a toxic and bacterial effect. This effect is particularly dire if, e.g., the Lamella corticalis of the alveolus is breached as a result of over-filling, and the infectious matter can soak diffusely into the surrounding spongiosa.
Such is very frequently the case, and it may also be seen from the fact that, after removal of teeth with a focal root infection, residual ostitis may set in as an expression of the surrounding, uncleansed spongiosa,

or of compacted alveolar material which was left behind when extraction took place.

For these reasons, **whenever a dead tooth is extracted, the compacted alveolar material must also be cut out with a root-trimmer, and the site must continue to be treated with Sanum medicines (Arthrokehlan and Nigersan).**

Dead teeth always cause damage, even though apparently they are still being compensated. Should they become a burden, then they burden the body within the mesenchymal system, and also via meridians.
This may be compensated until a decompensation is caused by some possible "second blow" (Speransky's term) to the meridian, or by some genetically predisposed organ.

After the tooth is extracted (or instead of this, as a compromise), there must be **detoxification** and **support of the meridian.**

Detoxification Treatment

Local infiltrations to the tooth or alveolus with:

- **Injectio lymphatica 1 ml. (if necessary also "just" Procain 1% 1 ml.)**
- **Nigersan D5/5x Amp.**
- **Arthrokehlan A Amp.**
- If the situation is very degenerative: **Viscum forte C (Heel)**
- If the situation is more plethoric: **Mucokehl D5/5X Amp. and Sanuvis Amp (Sanum)**

Systemic Detoxification Treatment

This must be carried out on a very individualised basis, according to which organic systems are to be stimulated first of all, and the patient's constitutional type. According to which tooth is affected, the appropriate functional circuit should also be cleansed: e.g. in the case of front teeth the kidneys and bladder, using e.g. heat treatment, hot foot-baths, and also Solidago, **Formasan** (Sanum).
The "digestion" of proteins should always be stimulated, since the toxins stored in the tissues are predominantly proteins.
Therefore the following medications, for instance:

- **Enzymes, e.g. Wobenzym or Phlogenzym, or Wobe mugos 3 x 2-5 tabs.**
- **Liverstimulation: Liv 52 3x2 or Toxex (Pekana) or Hepar comp.**
- **Lymphomyosot drops 3 x 20.**
  Chelation treatments:
- **Infusions of EDTA, in combination with Mineral and Trace element supplementation** are a very intensive form of detoxification therapy. Endotoxins are bound as compounds, chelated, and excreted renally. This treatment is rather costly, but extremely effective. It is carried out once or twice a week under medical supervision, up to a total of 15-30 treatments. As a detoxification therapy, we reserve it for patients who have cleansed their teeth, who have additional problems involving heavy metals, and also patients with serious neurological problems or toxic livers.

2.) + 3.) The treatment of localised necrosis and altered environment or localised dysbiosis:

Infection with Siphonospora:

This has been extensively discussed above.

- **Arthrokehlan A Amp. in Neural Therapy**, as descibed above.
- **Alkala N as a powder**: Use for cleaning the teeth and rinse the mouth/ gargle/ swallow several times a day.
- poss. **Notakehl D5/5X Amp.**, but only a few doses, then switch to **Nigersan D5/5X Amp.**
- The sub-clinical inflammation, which always represents a focus of infection, is treated by boosting the metabolism with e.g. Coenzym comp. Amp. (Heel), Formasan Amp. (Sanum) or Viscum forte c. (Heel).
- **Arthrokehlan A** is initially injected topically, at intervals of ca. 1 week, then continuing for several months intra-muscular, ca. once every 2-4 weeks.

Environmental treatment: The oral environment, likewise the environment of the nasal sinuses, must be cleansed along with every dental root infection. See above: **nasal irrigation/intestinal cleansing/localised treatment of parodontosis!**

4.) Oral galvanic currents as disruptive factors:

Oral galvanic currents occur very frequently and yet are hardly ever taken into consideration.
These can occur as a result of various alloys in the mouth, which

These oral galvanic currents may have various effects:

A depression of the stimulus threshold for nerve depolarisation. (Resulting in neuralgias/ irritation of mucosa, etc.)
Stimulation of the meridian at the sites of teeth which have been root-filled
Release of galvanic metals/ions (resulting from severe metallic ion intoxication)

form compounds via the saliva as a conductor, and - as in the case of a battery - they produce currents, i.e. electrons circulate in voltage gradients. (See article by DR. KRAMER).
As a result, the galvanic alloys are broken down and ions of the galvanic elements are released, e.g. silver ions; others include mercury ions, etc. These are then able to develop their highly toxic action.
Thus it is not the mere presence of e.g. mercury that is harmful, but the fact that it is only really released in the presence of metal alloys.
The creation of galvanic currents depends not only on the elements present in the alloys, but also on the acid in which they are stored, as we know from the common torch battery, which operates on precisely the same principle. Therefore the acid content of the saliva is also of major significance.

Now it is also worth mentioning that in most cases root canal fillings contain radio-opaque ions, since they have to be visible under X-ray. Thus these fillings, *particularly root pins*, play a part in the generation of galvanic currents.

The <u>diagnosis of oral galvanic currents</u> is uncommonly simple:

A simple measurement of dental current can be performed in any medical practice.

The voltage and intensity of the current may be measured in millivolts or milliampères using quite a simple galvanometer.
In our clinic this is carried out using a VEGA TEST MACHINE, with which a measurement cable is supplied; with this, dental currents can be measured very easily, and the measurement takes only a few seconds.
The potential between two fillings and/or between the filling and the gingiva is measured, using two electrodes.
The upper limits are set at 0.1 milliampères and 0.8 volts. It is astonishing how many patients exceed these limits!!
It would actually be important to know the current overall, and for this reason there are instruments available which provide this information in graphic form; for instance, the galvanometer supplied by Eidam Electronics.
This measures the current flowing continuously over a period of one second. The intensity of the current drops within a second, as also occurs with the discharge from a capacitor.

Such a galvanic examination requires very little time, is very informative, and motivates the patient, who realises how much damage his teeth are doing.

A measurement of dental currents forms a part of the biological-holistic examination of any new patient.

(You are invited to imagine the amount of damage which such an ongoing material electric current, giving a high reading, must inflict upon a patient! Is there any point or relevance in carrying out subtle measurements, and do we, as physicians, stand any chance of successful healing with subtle therapies and energy medicine in the face of the millionfold superiority of such electrical phenomena?
A quote from Enderlein, coming from a different angle: "Is it possible for us to treat people along regulative lines, so long as the body-environment remains uncleansed?")

The treatment of dental currents:

With mineral supplementation: Magnesium, possibly in combination with Vitamin E and B-complex

- **Mapurit caps**. (Sanum) 2-3 x 1 daily, over several months: On the one hand these alter the release of ons, on the other hand they alter he stimulation conductivity and depolarisation of the nerves, in complaints such as neuralgias.
- **Alkala N powder** alters the pH of the saliva, which in turn affects electrical charges.
- **Silicea D60/60X** or **Equisetum drops** (Ceres) alter the patient's "antennae", i.e. the sensitivity of the issues to electrical currents and also to geopathic stress.
- **Dental cleansing / removal of amalgam / removal of root fillings**.

The treatment of electrically generated metallic ion intoxication:

A significant factor in the creation of heavy metal intoxication is the

release of heavy metal ions through electrical activity.

When treating heavy metal problems, therefore, *oral electric currents should always be taken into consideration!!*

Positively charged minerals, electrolytes and trace elements must be liberally prescribed as antagonists:

- Magnesium (Mapurit)
- Calcium
- Manganese, zinc, potassium
- Selenium (in an organic compound as Selenmethionin Biofrid)

Treatment with intraossal isopathic injections in the maxillary area, in chronic maxillary ostitis (= isopathic-homoeopathic Stabident treatment)

Should it prove impossible to cleanse a maxillary infective focus completely by extraction of the tooth, or should chronic ostitis develop subsequently, then up to now it has been necessary to address this with maxillary surgery. However, these surgical cleansing procedures are extremely costly and so risky that in most cases they are not performed.

Up to now there has been a possible alternative in the shape of neural therapy on the jaw or the tooth. However, this procedure is mostly unsuccessful, since the neural therapeutic substance does not reach the focus within the jaw.
Therefore we have developed a method which permits the

Table: Treatment of dental disruptive foci following extraction:

Follow-up treatment of disruptive dental foci following extraction:

On the day of extraction: Combined injection made up of:

- Arthrokehlan A Amp.
- Notakehl D5/5x Amp.
- Traumeel S Amp.
- Procain 1% 1-2ml

Plus: Inversion therapy with Vegaselect
Plus: Pulsating magnetic field, c. 30'

Then once weekly:
Combined injection in the alveolus, made up of:

- Arthrokehlan A Amp.
- instead of Traumeel: Viscum forte comp.
- Os suis Injeel
- Granuloma dentis Injeel (if granuloma was present)
- Nigersan D5/5x or Pefrakehl D6/6x Amp
- Procain 1%

Systemically:

- Treat the meridian matching the tooth which was removed
- Alkala N
- Parodontosis treatment (see above)
- possible regeneration of intestinal flora or colonic irrigation

intraossal injection of medicinal substances directly into the maxillary infective focus.
We call this method
Dr. Rau's **Stabident injection of isopathic and homoeopathic medicines.**

For this we employ a fine drill (**Stabident drill**) which has the same diameter as a grade 20 needle. Following administration of fine local anaesthesia, the drill bores into the maxillary infective focus (**never** into the tooth) at low speed.
Following this, the needle of a hypodermic syringe, having exactly the same diameter as the borehole, is inserted into it, so that the bored channel is completely filled by it and will not leak. It is now possible to inject into the maxillary infective focus and its surrounding area ca. 2ml of the medicinal solution.

Indications for Stabident treatmentwith isopathic medicines:

- Hypodense ostitis after old extractions
- Hyperdense ostitis and "cementoses" in old bacterial dental foci
- Chronic dentogenous disturbances of the meridians, with negligible radiological evidence but positive thermography / Voll's electro-acupuncture
- Dental disturbances with meridianal involvement, insofar as there has been no change under conventional neural therapy
- Apical granuloma in living teeth
- Subsequent treatment following surgery to the jaw, e.g. following removal of root residues
- For elimination of heavy metal residues

Medicines for Stabident Infiltration

Most frequently used remedies:
(Sanum unless otherwise indicated)

- Arthrokehlan A Amp.
- Procain 1% or Injection Lymphatica 1ml. Nigersan Amp. D5/5x (in chronic degenerative cases)
- Notakehl D5/5x Amp. (acute bacterial cases)
- Sanuvis Amp. or Citrokehl Amp.
- Coenzyme comp. (Heel)
- Viscum comp. forte (Heel)
- **Latensin** (1/2 amp. at the most in each injection)
- **Selenase Amp.** (likewise only 1/2 - 1 Amp. per injection)
- Cell preparations or nosodes (Heel, Wala)
- Os suis Injeel / Granuloma dentis / Kieferostitis nosode (Heel)

Since the infective focus is situated within a structure of bone and spongiform tissue, the infiltration involves no effort, and the 2ml can mostly be injected without any significant pressure.

According to the nature of the infective focus it is possible to choose medicines which either primarily target the bone growth (in areas of hypodensity) or else primarily the transformation of the bone and the bacterial residue (in hyperdense foci). Since chronic maxillary foci mostly reflect old problems which developed over the years, this **isopathic Stabident treatment** must be carried out on a long-term basis, i.e. several times.
We apply it at intervals of 2-5 weeks, up to a total of 3-10 times.

We have seen impressive results from this treatment, chronic patients experiencing powerful changes, even becoming totally symptom-free following the injections and lasting longer after each infection. Thus we were able to confirm fulfilment of the classic criteria for removal of disruptive foci (established by DOSCH and HUNEKE) , which had not been the case previously, using conventional neural therapy on maxillary foci.

We have also been able to see old, chronic, hypodense ostitis cases cured. Rost's regulatory thermo-gram readings showed a quite considerable alteration in regulation.

Side-effects are rare. Where they do occur, these are mainly strong regulatory reactions to the treatment, including reactions to the use of Viscum or a tiny drop of DMPS. Both cellular treatments and the Sanum medicines are very well tolerated; environmental treatment should invariably be used adjunctively.

The injection is very easy. The only thing to be borne in mind is that the root of the tooth should not be injected, but rather the surrounding area. The injection can be carried out during a visit to any doctor's practice.

(Enquiries re. Stabident drills should be faxed to Dr. Rau: 0041-71-335 71 00.)

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Obstacles to Dental Healing

Part I
Overview

by Frank Spoden, Dental Surgeon, Germany

Except for the teeth, hardly any other part of the body is damaged so early, so intensively and with such lasting effect: acid attacks by diet, bruxism (teeth clenching or grinding), iatrogenic (physician induced) influences from fillings, thermal and mechanical forces, and much more.

Except for the teeth, hardly any other part of the body has a vertical connection via acupuncture meridians to all the other organs of the body.

Except for the teeth, hardly any other part of the body has - as a result of neural switching - a horizontal connection via the trigeminal nerve *(N. trigeminus)* to the other cerebral nerves in the body and thus to the area of the brain that deals with sensation.

Furthermore, dental ivory (dentine) is in fact connective tissue, and thus everything that is used as filling directly into the dental ivory is in direct contact with the connective tissue and also with the regulatory system according to PISCHINGER.

Hardly any other part of the body is so frequently amputated, extracted and mutilated as the teeth.

It is inevitable that disorders occur in the maxillofacial region more frequently than in other organ systems.

Disruptive fields

About 70% of all disruptive fields are found in the maxillofacial region (including the tonsils and retromolar area). 70% of the disruptive fields are on the upper jaw and 30% on the lower jaw.
The following disruptive fields or obstacles to healing in the maxillofacial region should be considered:

1. vital teeth with reduced vitality and beginning root resorption
2. vital teeth with chronic inflammation of the dental pulp or pulpal necrosis (decomposition of the protein)
3. teeth with dead nerves
4. etained or dislocated teeth
5. residual osteitis
6. enclosed foreign bodies of all types
7. pathogalvanism as a result of various oral metals
8. chronically inflamed tonsils
9. the bite between the upper and lower jaw
10. The faulty occlusion of both jaws is a disruptive field in the wider sense.

It is the responsibility of dentists to recognise and eliminate the foci and disruptive fields which are the most important causes of dysregulation in the maxillofacial region. The treatment must be arranged in such a way as to prevent any additional strain on the patient's body and to support the body's ability to regulate itself.

But how do these disruptive fields arise? One thing that encourages them is caries in milk teeth which can lead to early gaps between the teeth or total loss of teeth. If the gaps are not dealt with using space maintainers, the result is mesial migration (i.e. the position of the milk teeth changes, relative to the centre of the face), with the result that the permanent tooth does not have enough space to erupt. Even at this very early stage, dysregulations can occur which favour the development of disruptive fields.

Caries

Premature caries in the permanent teeth – in particular the 1st permanent molar (also called the "six-year molar") can lead to destruction of the morphological surface of the chewing surface and thus to the indifferent setting of the fine adjustment of the mandibular joint, which in turn leads to premature failure of the stomatognatic apparatus (occlusion of the dental arches).

If the caries continues to the point of infection of the dental nerve, which frequently can only be treated by a root filling, this is yet another opportunity for a disruptive field to occur.

Caries which progresses slowly can also lead to decreased vitality and resorption of the root; furthermore it can lead to chronic pulpitis with necrosis of the root – in other words, decomposition of the protein. This frequently occurs without the patient noticing these changes.

Once the dental nerve has become infected, far-reaching problems can start. The pulp is no single-track canal, but instead there are several – even a large number of – lateral canals. It is impossible to reach these adequately by using conventional endodontics. The result is decomposition of the protein in the remaining part of the nerve with corresponding negative consequences for the organism.

If there are further symptoms of pain and inflammation involving a tooth with a root filling, this tooth is often extracted. In case of any residual inflammation in the bones, this can lead to persistent osteitis of the jaw. At first this is hardly noticeable but later it may become a focus.

Teeth which have been retained or moved

For various reasons retained or dislocated teeth – in particular the wisdom teeth– do not have sufficient room in the jaw and within the rows of teeth. As these teeth are continually stimulated to grow, compressions of the third division of the trigeminal nerve are possible. This can result in a neural disruptive field.

Under certain circumstances the gaps between the teeth are closed off with prosthetic appliances. Often more than one metal is used (in dental medicine we speak of alloys – that is, combinations of metals), which can soon lead to pathogalvanism involving various oral metals.

Occlusion

The prosthetic appliances can show deficiencies in the restoration of the morphology of the surfaces of the teeth, resulting in the disruptive field of occlusion. This hardly ever leads to immediate problems, but they build up over a period of years and can become acute after 5 – 7 years. The lower jaw is not linked by bone to the upper jaw: only the tendons, muscles and fasciae link the lower jaw to the skull. The exact positioning is determined by the upper surfaces of the teeth. If these are restored in a non-physiological manner or if any teeth are missing, this leads to faulty positioning with a shifting of the lower jaw. This can be associated with compressions of the jaw joint and its neighbouring structures.

From the dentist's point of view, this type of shift or faulty positioning encourages the clinical characteristics of neuralgia (in particular trigeminal neuralgia), head, jaw and facial pain, together with tinnitus and Menière's disease.

Summary

In dental medicine the probability of finding obstacles to healing is great. The mechanisms which lead to these are both many and long-term, so that each tooth can theoretically develop an obstacle to healing in a patient's lifetime. The problems are intensified by the current standard of prophylaxis of the population, which still can and must be improved significantly.

These obstacles to healing can primarily be found by means of an x-ray examination at an early stage. A panoramic radiograph (abbreviated to OPG or OPAN) is particularly suitable for this purpose, or – even better – radiovisiography. From these x-rays it is possible for the dental surgeon to see beginning or already established changes in the teeth, periodontic regions and jawbone.

The first choice of therapy is surgical revision of inflammation, apical processes and dislocated teeth. Furthermore it is necessary to carry out absolutely clean dental treatment which is supported by complementary individual procedures.

Naturopathic physicians and therapists should ensure that they cooperate with dentists who employ natural healing methods. Frequently this can prevent treatment failures.

Part 2 of this short series, which will appear in one of the next editions of SANUM Post, will deal with root-filled teeth and their cause, consequences, prevention and attempts to revise them; Part 3 of this short series will present the holistic point of view and periodontal treatment (creation of an ecological oral milieu); Part 4 will deal with the necessity of recognising and treating functional disorders and with the treatments necessary when replacing lost teeth (prosthetics); finally Part 5 will deal with chronic pain of the jaw and face, trigeminal neuralgia, tinnitus and Menière's disease.

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Obstacles to Dental Healing

Part II
Root Filled Teeth: Their Cause, Consequences, Prevention and Attempts to Revise them

by Frank Spoden, Dental Surgeon, Germany

In common terms teeth are regarded as a very hard but dead form of tissue. Various activities are carried out using this organ: biting through threads, cracking nuts, opening bottle caps, and many more.

On contrary the teeth are not dead. Dental enamel is one of the hardest tissues in the body, but the tooth as a whole is one of the organs of the body which is the most sensitive to touch. Certainly the tactile threshold of a tooth varies greatly, but it is considerably less than one millimeter partly less than one tenth of a millimeter. Every tooth can move individually, be impressed into the dental alveolus and thus has extremely good tactile sensitivity.

Teeth are capable of feeling these sensations through the internal dental nerves and the external periodontium.

These internal dental nerves are affected by various influences on the teeth. Every trauma, every bit of damage to or stimulation of the teeth results in a reaction from the nerves. Every filling, every impact or knock, every above-average demand made on the teeth adds to the total.

In dental medicine we differentiate between the biological and the actual age of a tooth. The biological age is equal to that of the person whose tooth it is; the actual age is the total of all the stimuli received by the tooth and everything that influences it. When a child reaches the age of about six, a "six year" molar – i.e. the first large back tooth – joins the milk teeth which are still present. Frequently this tooth is not regarded as permanent but as one of the milk teeth, and often only limited efforts are made to keep it healthy.

The enamel on this freshly erupted tooth is not yet hardened, and often oral hygiene is insufficient. This provides an obvious explanation as to why this tooth is one of the first permanent teeth to be subjected to powerful caries attacks.

Caries is an infection involving a number of different bacteria which damage the teeth. These convert the remains of food into acids which decalcify the enamel and thus smooth the way for bacteria to enter the teeth.

The deeper the decalcification and the ingress of the bacteria, the greater the damage to the dental nerve.

At this point the actual age of the pulp (the dental nerve) determines its ability to react to this bacterial attack. The more the dental nerve is already damaged and its ability to react is weakened, the more likely it is that there will be irreversible damage to the nerve, leading eventually to its death and the consequent decomposition of the protein.

As the dental nerve is situated within the hard shell of the tooth, on the one hand it is very difficult to assess the condition of the fine threads and its state can only be assessed from indices. On the other hand, there is congestion as a result of the increased inward flow of arterial blood and a reduced outward flow of blood. In the final stages we talk of a "haemorrhagic infarction". In this particular organ, the nerve is finally destroyed by the body itself due to the increased flow of blood.

As the dental nerve cannot be examined visually, the dentist can only use different methods of provocation: e.g. cold, heat and electrical stimulus. However, with a multirooted tooth this provocation must always be carried out on each of the roots, because it is possible for one root pulp still to be living whilst the others have already become necrotic. As a result, the prognosis for the whole nerve has to be considered.

As a rule, if the pain is throbbing and pulsating, longlasting and continuing beyond the duration of the stimulation, occurring

spontaneously and at first localised, but later radiating from the site, one is dealing with irreversible pulpitis: i.e. the dental nerve is infected so much and cannot survive. If the tooth reacts to tapping with pain, if the cold test continues to have an effect for what may be a long time afterwards, if the tooth reacts to heat for even longer, if the x-ray shows enlargement of the periodontal ligament space and if there is a possibility of an opening in the pulp, the course of treatment is relatively clear: remove the nerve.

Especially here many problems are involed.
On the one hand, access to the root canals is difficult (each root has not only one but possibly two root canals: see the molars of the lower jaw in the anterior mesial root); on the other hand, the root anatomy is extremely complicated (see Fig. 1 and Fig. 2).

The dental nerve is not a "carrot" which is hidden in the tooth and just needs to be pulled out of the root, so that the inside is clean; instead it is more like a tree stripped of its leaves and turned upside down. Many of the lateral canals cannot be reached with the normal root canal treatment techniques, as these are mostly carried out using rigid instruments (e.g. reamers) which prevent extreme bending. Improvements in materials, e.g. nickel-titanium instruments, have allowed a considerable leap forward, but the weak point of treating the lateral canals still remains.

Outstanding preparation is important

If a dental nerve is dead, the tissue decays. The protein decomposition

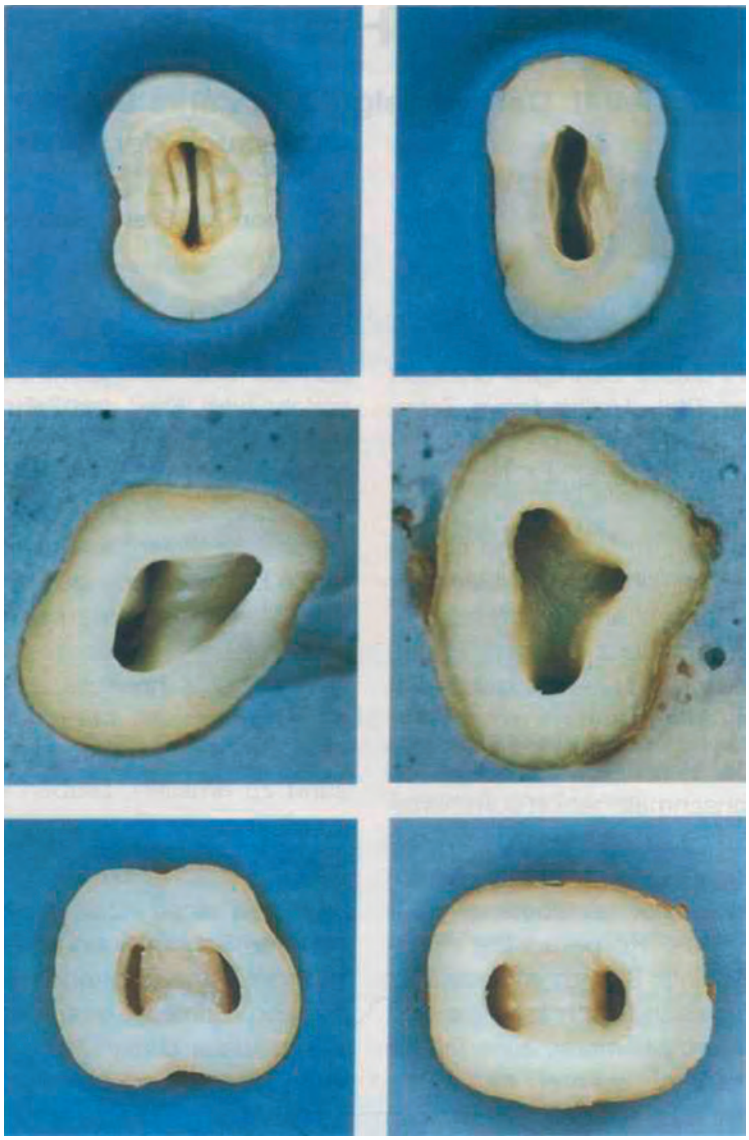

Fig. 1: Complicated anatomical access to the root canals. Photos of extracted teeth.

Fig. 2: Root configurations according to MEYER 1955

results in the production of thioether and mercaptan. The body has no mechanism of its own to deal with this problem, for localised death is a situation for which the body has no solution. The most important thing is to reduce the number of bacteria and clean out the canals, and this *per se* is what decides whether the treatment is successful or not. However, endodontology (root canal treatment) is always only an attempt to preserve a dead tooth, particularly because enamel and dentine have a high level of organic content which will no longer be provided for by way of direct transport or diffusion once the nerve has been extracted. As a result, the tooth ages and gets brittle and the surface changes, so that sooner or later the body reacts by rejecting its own tooth as if it were a foreign body.

A better result can only be achieved by using a WATERLASE™ root canal process. This involves a highly specialised dental laser which removes the tissue to the greatest extent possible and also greatly reduces the number of bacteria in the root canal. Also it is helpful to insert a temporary filling with ARTHROKEHLAN A into the canal for a maximum of 24 hours in order to reduce the number of apical bacteria.

Without this treatment the poisons can escape unhindered from the tip of the root and this can lead to a drastic drop in pH. This favours the massive development of more bacteria which are normally only required after death of the whole organism but not in case of a localised trauma.

In this situation the body is often under excess strain. It attempts to encapsulate the diseased area by forming a granuloma, and this is the first stage in the formation of a massive disruptive field. Certainly in most cases the energy flow on one meridian has already been disrupted by the diseased tooth, but now the body begins to react violently against it (see Fig. 3).

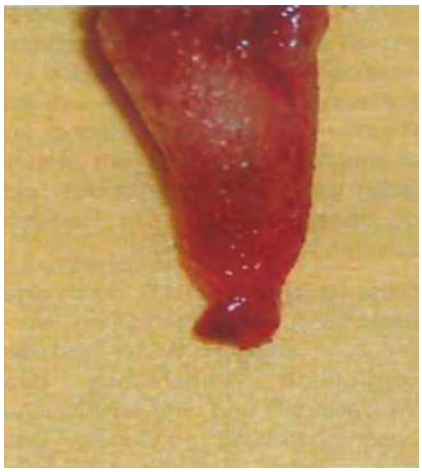

Fig. 3: Dental granuloma

A further problem is seen particularly at the apex of the tooth, at the tip of the root. Here one speaks of a "delta" – a description taken from the mouth of a river which is similarly shaped (see Fig. 4).

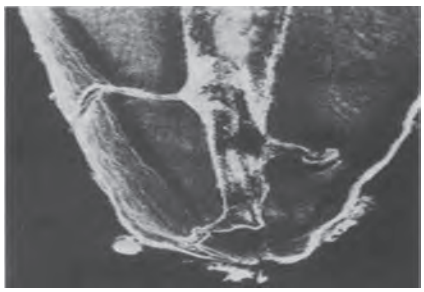

Fig. 4: "Delta" at the apex of the dental root

Frequently conventional methods fail in dealing with these lower root areas, so resection of the root apex and cleaning the whole bone marrow cavity is the only possible treatment. Here too WATERLASE™ can be used to cut off the root apex and to considerably reduce the number of bacteria in the inflamed bone marrow cavity. This often solves the problem. As a rule this form of treatment requires comprehensive knowledge of dental surgery, since the roots in the upper jaw are extremely close to the bone marrow cavity and it is easy to make an opening into the bone marrow cavity: introducing foreign bodies can have extremely unpleasant consequences.

In the lower jaw the lateral teeth are close to the alveolar canal *(Canalis alveolares)* in which the nerve, artery and vein are all situated. It is therefore easy to cause irreversible damage with possibly considerable consequences.

For post-operative care, use ALKALA T tablets to improve the pH value, CITROKEHL tablets to improve the cell metabolism, and MUCOKEHL 5X drops to improve the healing of the wound.

In addition to conventional treatment there are many other types of therapy which promise success. For example, I would like to mention lasers.

We work with an Nd-YAG laser to reduce the number of bacteria in the region of the canal, the dentine of the canal wall and the periradicular structures, with very positive and hopeful results. But this form of therapy has not yet been finally tested in controlled long-term studies. The results from our practice show that the treatment offers great advantages. Without

medication, the tooth can be sedated in a considerably shorter time.

Summary

All these forms of therapy should not blind us to the fact that a root-filled tooth is dead and remains dead. Later changes – embrittlements – and their consequences are the rule and the result. Changes in the tooth as a result of embrittlement lead to a change in the surface and thus to the reaction of rejection as if it were a foreign body.

The question is whether teeth which have undergone this change can and should be preserved. Here one must give an unambiguous opinion on the future functionability. All the holistic treatment methods which we are familiar with end up by extracting the dead tooth. But how is the function to be perfectly reconstructed at a later date? Ignoring this question frequently leads to functional problems including TMJ (temporomandibular joint) syndrome, neuritis and trigeminal neuralgia, tinnitus, Menière's disease and many other chronic disorders of the head and jaw which are accompanied by functional disorders in the maxillofacial area.

Only perfect prophylaxis of the tooth and meridian system can avoid a dead root and thus prevent an obstacle to healing. Our present level of knowledge about the origin of caries and periodontopathogens is so widely ranged that the chances of keeping teeth free of caries are very good.

A great deal of patients who consult a holistic surgery, have one or more root-filled teeth and/or have undergone inadequate prosthetic surgery. When planning a course of treatment one must often consider whether these are strategically important teeth and whether they can possibly be preserved by revision.

For example, this revision can be done by removing the existing root filling. Furthermore, it will be necessary to improve the preparation of the root canal and carry out full laser treatment. The root lumen is filled with ARTHROKEHLAN A and the canal is sealed off temporarily for at least 2 days. It is very important is to explain all this in advance to the patient, because this form of therapy is frequently so successful that the ARTHROKEHLAN A filling may lead to an initial deterioration, with large quantities of pus being discharged from the root canal. This reaction of the body – the production of pus – is often stigmatised and is wrongly interpreted by the patient ; but it is in fact a positive response, as many cell wall deficient forms are remodulated and restored to forms with cell walls which then can be identified by the body.

The prognosis for these teeth is extremely good and they can be preserved for a number of years. But also here one must consider whether the teeth are an obstacle to healing.

Therefore the question arises again as to whether a root-filled tooth can be preserved and is worth preserving. Each case must be decided individually. Many secondary forms of treatment are possible and necessary: My first choice would be acupuncture, homeopathy, laser treatment and neural therapy according to HUNEKE. There are still many other possibilities, and we must try to find the right way.

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Obstacles to Dental Healing

Part III

The Holistic Viewpoint and Treatment in Periodontology and the Creation of an Ecological Oral Milieu

by Frank Spoden, Dental Surgeon, Germany

"The mouth is the entrance of the body and the cause for all suffering." (Chinese proverb)

In evolutionary terms the mouth and consequently the "eating organ" is one of the most important parts of a vertebrate. This system is equipped with particular capabilities which allow it to successfully withstand any attacks from outside. It is strong but at the same time also very delicate in its motor function.

Over the course of the millennia our masticatory organ has become smaller as human beings have limited their quantity of food intake and the extent to which they break it up into small pieces; but in our canine teeth (which in some species of the animal kingdom have developed in a particular way as fangs or tusks) we can still see how Nature has given a prominent job to these biting elements. We no longer "catch" our prey and hold onto it with our very strong canine teeth, but certain parts of this program are still stored in our central nervous system and used by us every day.

Our teeth – or rather, the whole of our masticatory organ ("stomatognathic system") – are adapted to food, and as well as breaking up what we eat they also contribute to the early processing and breaking down of the food in the digestive system. At the same time they are very important parts of the body's statics and illustrate the fine adjustment of the spine (more about this in subsequent parts of the series).

But this up-front position in the system also holds many risks: The oral cavity is the first to come into contact with pathogens and bacteria, some of which ought not enter the body or should not be allowed to. For this reason many important defence systems are located here which in terms of strength and intensity are hardly found in any other part of the body. The defence system in the mouth has the highest priority. Unfortunately, however, there are a large number of factors which influence the readiness of the oral defence system and even some which reduce it considerably. In this context smoking must be mentioned in particular, as it is necessary to take into account not only the negative effect of nicotine on the system but also the damage done directly to the mucous membrane by the substances found in cigarette smoke. The result is a weakening of the defences and changes to the ecological system.

The body's defence mechanisms are also weakened or cancelled out by many other substances which we take in by mouth. Consequently, in order to protect the whole organism, reactions sometimes occur which are detrimental to the masticatory organs. (The body must decide on its priorities. Naturally, the protection of the whole organism is regarded as more important than the protection of the different parts of the masticatory organ.)

The oral organs, in particular the teeth, should not be looked upon as isolated structures: Instead they are closely linked by energy pathways to other parts of the body and to other organs. An acupuncture meridian runs through each tooth and the teeth thus have a direct energy link to the organs of that particular meridian. Weakening, diseases and disorders of the target organs can lead directly to energy problems in the corresponding teeth and the periodontium. This can often be seen in children while their teeth are changing. At that time a "sketchy" diagnosis in the mouth frequently leads only to a subsequent diagnosis but the true origin of the problems is ignored.

Of course the care of the teeth and the way we treat our "dental" organs can and must have a decisive influence on the condition

of the whole organic system. On the one hand, a lot of patients show no pathological results of any sort on the teeth in spite of inadequate or non-existent oral hygiene. On the other hand, one frequently hears the argument "I inherited my bad teeth from my parents". This point always leads to a lively discussion.

But why should the easiest method not be regarded as the most important? Caries and parodontitis are caused by bacteria: They are an infectious disease. These bacteria are passed on from person to person and thus also to children (by social contact from the child's environment). A responsible adult with raging influenza would never come so close to an infant that his germs infect the child. But people who carry the caries and parodontitis bacteria even lick the baby's dummy and spoon. Here it is very important to change one's view: The ideal method is the so-called "pre-preprophylaxis". This should include the whole social environment of the newborn child. In one millilitre of saliva there can be 10 to 100 million bacteria, and in the case of "caries millionaires" the certainty of transferring some of these to the child is very great. Thus "pre-preprophylaxis" is not only the safest, cheapest and also most "body-friendly" way to avoid caries bacteria contaminating the oral cavity as long as possible, but also the father and mother benefit from an improved oral milieu.

No other organ of the body is subject to such a rapid change in the milieu – from hot to cold and sweet to sour in a very short time – or has a density of bacteria that is as high as that of the gut, or which in some patients is even higher than the number of bacteria in the intestine.

Although saliva provides the body with an excellent method of self-repair, this system very quickly becomes overstrained. Certainly, everybody has consciously experienced self-repair. After enjoying copious amounts of a sour sauce (e.g. rhubarb), one's teeth – particularly those in the lower jaw – feel very rough when touched with the tongue. After a while, this roughness disappears and the teeth become smooth again. The saliva raises the pH value to a physiological level, and minerals can again be incorporated into the enamel. But the buffer capacity of this system very quickly comes to a standstill. The intake of acid foods at the main mealtimes can certainly be successfully intercepted, but regular contact of the teeth with, for example, cola or fruit juice all too often results in excessive demand on the "buffer".

Do dental materials have any effect on this?

Unfortunately, there is no other medical discipline in which people act without sufficient forethought and sometimes very uncritically, applying materials to the body, although their reaction and interaction in the oral milieu has hardly been tested (and often cannot be tested). Above all, these materials are neither analysed reciprocally nor in the process of the constant change in milieu in the mouth.

"Two different metals, linked via an electrical conductor, make an electrogalvanic cell" is what we were taught in chemistry lessons. Amalgam and "gold" together with saliva represent (as my point of view) exactly this combination. But the "gold" is of course an alloy of all sorts of different ingredients. As a result, it becomes almost impossible, even for insiders, to find suitable materials for patients, particularly if there is already maintenance work in the mouth which has to be retained. But you can read more on this subject later in this series.

Regarding the long list of damaging factors for the oral milieu, the only way forward is: **avoid or at least minimise the effects.** In the mouth itself the basic conditions must be optimised or – rather – remain as good as first set up by Nature.

The initial steps should include improvements to the diet and oral hygiene. This should be done by experienced and well trained therapists. Also the state of health of the whole organism is of prime importance. The oral cavity cannot be "healed" alone, if the "rest" is forgotten, nor can the body experience healing if the oral cavity is ignored. Frequently attempts are made to help patients with a number of different types of treatment but without taking the teeth into account, even at a rudimentary level. Only interdisciplinary and integrative therapy can help here.

In dental medicine, a systematic approach to antibiosis (with or without a test for bacteria) takes top priority in parodontitis treatment. But anyone who knows a bit about

pleomorphism and cyclogeny according to Professor Enderlein will ask, "How reliable is a sample from the oral cavity which can only be analysed in the laboratory several hours or even days later? How accurate is the test for bacteria and how accurate is the choice of medication?" Could this explain why in the meantime 500 types of bacteria have been isolated in parodontitis? But how do our bacteria behave in places where we need them (e.g. in the gut)?

For this reason, laser treatment is one of the most important methods of treating parodontitis for a holistic dental surgeon. Studies show that using this method the periodontal pocket can be up to **99.9 %** bacteria-free. Diseased pockets can be closed off from the root of the tooth to the crown, and the milieu of the pocket is brought clearly into a physiological area. Anaerobic bacteria in particular can be safely dealt with in this way (Fig.1). The Biolase Waterlase™ (Fig.2) – a new type of biolaser made by Biolase™ – is particularly suitable for this laser treatment, as it is the only one built for use in the region of the teeth, mouth and jaw. With this laser, using a patented worldwide principle, it is possible to use the most biological of all materials – water (distilled or bi-distilled) – and laser energy and their effects to clean the outer surfaces of the root and to remove bacteria in an effective and gentle way . The treatment leaves an almost sterile operating area in which an ecological milieu can re-establish itself. This form of treatment if free of the damaging side-effects of local or systematic antibiosis.

By prescribing CITROKEHL – to intervene in the respiratory chain! – and SANUVIS together with ALKALA N taken orally (this is also excellent used as a mouthwash), it is possible to deacidify the milieu orally and systemically. In its various prescription forms, NOTAKEHL prevents the upward development of pathogenic bacteria, in particular pus-forming organisms. If fungus is present, PEFRAKEHL 5X in drop form should definitely be used

Fig. 1

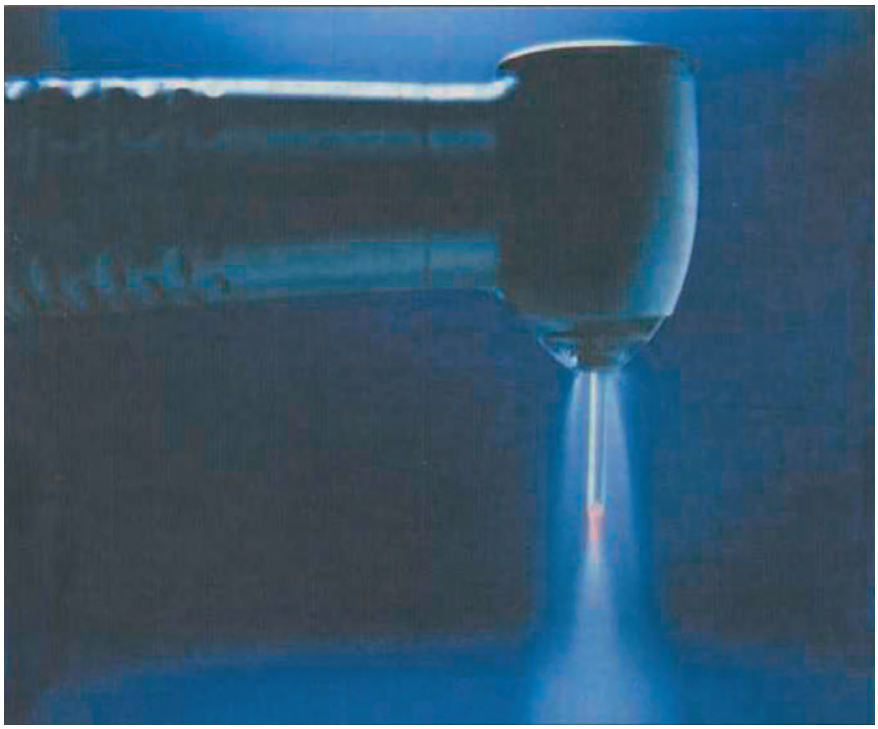

Fig. 2

locally and for systemic effect. NIGERSAN has a positive effect on the structures of the connective tissue in the body and is therefore also indicated in parodontitis because it firms up the periodontal connective tissue and protects the bone structure from degeneration. The exact combination of medications, as well as the order in which the remedies are given during the course of treatment, must be checked in each case and designed to suit each individual patient. Only a comprehensive and all-embracing diagnosis can lead to the efficient treatment of a multi-factorial periodontal event. Besides dental treatment, the patient has to contribute his own share to the recovery and maintenance of the healthy state of his dentition.

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Obstacles to Dental Healing

Part IV
The Need to Recognise Functional Disturbances, Especially Prior to Treatment with Prostheses and other Restorations

by Frank Spoden, Dental Surgeon, Germany

The orognathic system is one which may prematurely suffer substantial damage, destruction or amputation. If milk teeth are lost and no space-maintainer is fitted, back teeth migrate towards the facial midline via "mesial escape"[1]; in so doing they restrict the available space for the eruption of the remaining teeth to such an extent that often these are no longer able to come through in their regular position.
Remaining teeth may be lost prematurely. If a replacement is carried out too late or not at all, then local disturbances of function may occur because of dynamic changes in position.

The temporo-mandibular joint and the first molars adjust to each other in the sixth year of life. This positioning plays a formative part in the rest of one's life. This explains possible functional disturbances arising from premature loss of teeth. Later orthodontic positional changes in the teeth should also be seen and considered in this light.

The temporo-mandibular joint is **not** a hinge joint. The upper and lower jaws have no bony connection to each other; it is only muscles, tendons and ligaments which define the relative position of the two jaws. The precise positioning of the two is determined by the biting surfaces of the teeth. Should these have been lost and/or replaced by prostheses or fillings, the two jaws take up a "compromise position", for the supreme commandment of the central nervous system is: "Every tooth must have at least one point of contact with its opposite number." This represents the minimum requirement for the positioning of the lower jaw and the statics of the spine.

Several facts towards a better understanding of the organs of mastication are as follows:

1. An acupuncture meridian (energy pathway) passes through each tooth.
2. Each tooth is served by the Trigeminal nerve, which forms nerve connections in front of the brain (collaterals) and has branches connecting it to each of the other cranial nerves.
3. Dentine is connective tissue, and this has a seamless connection with the autonomic nervous system (regulatory connection).
4. The teeth constitute the fine adjustment and stabilisation of the spine (orthopaedic connection).

These four facts explain the significance of the masticatory system for human beings, and the accumulation of disruptive fields (about 80%) in the cranial and jaw areas (including the tonsils). For this reason it is extraordinarily important, in everybody's interest (patients' and practitioners'), to try to achieve and maintain freedom from infective foci in this region.

Teeth are not only important "tools" for the mastication of food; they form part of an important organic system, whose uses include inter alia communication (smiling, baring one's teeth...), and the first social contact with the mother (breast-feeding). Teeth may certainly be composed of the hardest substance that the body can produce; however, their sensitivity is measured in tenths of a millimeter, and can even detect the slightest impurities in our food. However, this sensitivity is very individualised. Which of us is not familiar with the situation where several people are sitting around a table eating green salad? One of them finds sand in it, but the others do not. Everyone's salad contains an equal amount of sand, but each person's threshold of perception is very specific to them.

This varying degree of sensitivity can have considerable consequences in the event of fillings or prosthe-

[1] *Mesial escape* means the constant movement of teeth from the back of the jaw towards the centre, if they can find a space or a gap further forward. This is a lifelong process and leads in the first place to anterior occlusion, and later to considerable functional disturbances.

tic replacement. If, for instance, there is an imperfect contact between upper and lower teeth, a sensitive patient can become aware of this very rapidly and inform the dentist. However, if the discomfort from the imperfection is below that person's individual perception threshold, then this contact will not be registered consciously, but will only be perceived on the subconscious level. Since the subconscious cannot be aware of the fact that a substantial change has taken place in the state of contact between upper and lower teeth because of a lost tooth, changes in position or dental prosthetics, attempts will be made by clinching and grinding the teeth to eliminate this source of annoyance by the easiest route.

The masticatory muscles will continue their efforts to eliminate these obstacles throughout the day, and that means that even during the night the patient will have no respite, since the muscles are constantly subject to nervous stimulation. As a result, the patient is deprived of the deep phases of sleep, and the blood is insufficiently oxygenated, and this also shows up on an EEG when the patient is at rest. The patient wakes feeling unrefreshed and "whacked". It seems to him that he had only just lain down and has had no sleep at all. There are numerous consequences: tension in the musculature, headaches, fatigue, a decline in performance, difficulty in maintaining concentration, irritability, tinnitus, rotatory vertigo, pain in the facial nerves, circumscribed numbness, pain in the back and neck, as well as other problems.

This incomplete little list of complaints should serve to indicate the extent of the changes that can occur over a short time-scale. For this reason, provision of a prosthesis is not recommended for someone in this state. The deviations from the normal state should first be communicated and eliminated. The lower teeth should be able to meet the upper teeth with no functional obstructions.

The extent of preliminary treatment is always individual, like patients themselves. Nor is it possible to determine without further investigation whether and to what extent damage has already occurred to structures (such as the cartilage of the temporo-mandibular joint) and, if so, what might be the consequences.

Before and during treatment it has proved most efficacious to prescribe, on the one hand, ALKALA N powder (1 tsp. in hot water, to be taken in the morning on an empty stomach) and, on the other hand, MUCOKEHL 5X drops (one drop to be massaged into the temporo-mandibular joint on both left and right sides in the morning and the evening). If the masticatory musculature is in painful spasm, then additionally SANUVIS ointment should be rubbed into the masseter muscle (lateral masticatory muscle), in the morning, and again in the afternoon.

Patients are well advised not to rush into a decision to have permanent tooth replacement carried out. Of course the diagnoses and stages of these preliminary treatments are more expensive in terms of time and money than would be the case if replacement were carried out immediately. However, for the reasons given above, such an investment is clearly beneficial in the interests of receiving the best possible biological replacement in due course, with a good long-term prognosis. From this point of view, we also need to take a critical look at the recent phenomenon of "medical tourism". For the lack of available time involved in the brief time-scale of e.g. a holiday means that the necessary preliminary treatment is totally impracticable. We are seeing a build-up of more and more cases, in which what was thought to be the "cheaper" replacement option later turns out to be very much more expensive, with errors and omissions even becoming irretrievable.

In the case of new provisions or reconstructions with tooth replacement it is important to have an awareness and to take account of the many links that exist between the orognathic system and the rest of the body. Otherwise the patient will (possibly!) be able to chew again, but the overall state of health will not be improved, and may frequently even deteriorate. As well as that, there is another factor to be taken into consideration. Quite frequently it is only months or years later that a patient becomes aware of complaints arising from tooth replacements with an imprecise fit. It often happens that the patient does not make the chronological association between these and the dental treatment, because this may have taken place as long as several years before. It is like the famous barrel which starts to overflow when one more drop is added. Viewed in

isolation, this drop is often banal, but its effects can be devastating.

A good tooth replacement, suited to the patient and - above all - biological, is not an "off the peg" affair. Only an exceptional team of dental practice and laboratory can ensure that the patient receives the best possible result. The members of this team must have above-average qualifications and training, so that the replacement possesses the qualities which the patient requires for a true reconstruction.

The dangers of false economies must not be trivialised. One should not economise where one's health is concerned. Every patient, every administrator and every politician should always have that in mind.

"Prosthesis - Made in Germany" is a statement, not only of excellent quality of both materials and processing, but also of medical competence. *"Med in Germany"* is today's export slogan. Whole university departments are being head-hunted by other countries. Waiting lists for treatment are on the agenda, and not only in the formerEast German states. How much longer can we (and are we prepared to) stand by and watch while our outstanding German medical care network goes on being destroyed? Of course good medical care costs good money. But health cannot be managed economically from a bureaucratic ivory tower, because it is unique, priceless and the measure of all things. Without good health there is no productivity, without productivity there is no job. Without a job, not only is the economy running at a loss, but one's self-esteem and emotions also suffer. Does it therefore make sense to economise on health?

This question leads on to the topic which will be discussed in Part V - that of chronic headaches.

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Obstacles to Dental Healing

Part V
Chronic Pain in Head, Jaw and Face, Trigeminal Neuralgia, Tinnitus and Approaches to their Holistic Treatment

by Frank Spoden, Dental Surgeon, Germany

In the conditions mentioned above, dentistry is challenged to provide the best possible support, and to take into account the needs of the orognathic system in its entirety. In Part IV of this series, I attempted to shed a little more light on the many links between the body, the teeth, and the regulatory systems.
In the case of the illnesses addressed in this article, we also have to consider the pain, the adverse effect on functions, and the emotions. From the perspective of holistic dentistry, it is first of all important to eliminate all the obstacles to healing and all disruptive fields, and the patient must be treated with long-term objectives in mind.

The steady rise in the number of patients with chronic pain in the head, jaw and facial areas, represents a special challenge to practitioners. All the "inter-disciplinary" treatment models so far exclude the principal actor on this stage: the dentist. However, the increasing case-load in this field must lead to the inclusion of dental treatment, in which case particular demands will be made on the holistic dentist. For, on examining these patients, a significant accumulation of dental problems will be found. Lost anchor zones, subsidence of tooth replacements, insufficient prosthetic provision, and also many infective foci - all these are on record. Treatment of a patient must primarily relieve him of his pain. In addition we need to apply emergency measures in the form of special occlusal splints, HUNEKE'S neural therapy, and ENDERLEIN'S isopathy.

Furthermore it is extremely important that all dental problems are solved rapidly and thoroughly. Dental amalgam should be removed immediately as far as possible. The hitherto prevailing method of initially inserting cement (Zinc phosphate cement, etc.) seems not to be helpful in the long term, since the biting surfaces are rapidly eroded, fractures often occur in the cement, and allergic reactions are frequently attributed to this material.

New materials such as OmoCere (organically modified ceramics) score excellently in tests. They are very stable, good to work with, they polish up well and, in all the cell tests they exhibit outstanding biocompatibility and an absence of cell-toxicity. With these OmoCere it is even possible to create extensive fillings and "partial crowns".

All crowns should be removed and replaced using (tested) artificial long-lasting temporary material. Lost anchor zones must be temporarily replaced, the vertical dimension (space between upper and lower jaw) must be reconstructed as closely as possible to the original. If the biting surface has subsided, then the position of the temporo-mandibular joint inter alia will change, and this may lead to substantial disturbances at the Gasserian ganglion and/or in the inner ear. In this case it is important to treat rapidly, thoroughly and lastingly. If this is neglected, the whole outcome may be jeopardised.

The removal of infective foci, by dentistry or oral surgery, is particularly required in this treatment concept. All changes in the jaw are under discussion here, all teeth which are dead at the root or have shifted, and any residual ostites (remaining inflammation of bony tissue). Of course this includes any metallic foreign bodies or inclusions.

For more than four years now, practitioners have had at their disposal the so-called WATERLASE™, produced by the BIOLASE™ company. This laser is the only one to be purpose-built for the dental profession - as opposed to all the other lasers which were simply taken over from other specialist fields (dermatology, ophthalmology, etc.) - and with it all surgical, endodontic, preventative, and other treatments can be carried out gently and with

very little pain. Frequently local anaesthesia can be dispensed with altogether. The "secret" of the WATERLASE™ consists in the low temperature of the laser beam. If correctly adjusted, the laser lowers the temperature of the surrounding tissue by 0.5°C! This excludes the possibility of heat-damage to the tissues under treatment. Whether it is enamel, dentine, bone, hard or soft tissue, or even caries, that is being treated, there is no additional damage to the structures, so that there is frequently no need for anaesthesia. With this laser, 99% desinfection may also be achieved in bone, root canal and cavities. (See *Obstacles to Dental Healing*, Part II). Inflamed tissue may be gently and permanently removed from the jaw, resulting in an extraordinarily low rate of relapse and substantially fewer follow-up treatments than when conventional procedures are employed.

Jaws which have been treated in this way should receive ongoing support treatment for a period of at least 5-6 months, using ALKALA N powder (1 tsp. in hot water to be sipped each morning on an empty stomach), CITROKEHL tablets (1 to be sucked 1-3 times daily), Calc. phos 12X tablets (1 to be sucked each evening) and SANUVIS tablets (1 tablet each evening orally). It is sensible to include a heavy metal detox treatment (see Sanum-Post 55/2001, pp. 11-13), once it is established that all the eliminative organs are fully functional. If a particular system is underfunctioning, the elimination should first be supported and assured, using an appropriate treatment.

Patients suffering from the complaints described above can be greatly helped with MUCEDOKEHL 5X (initially 1drop 3 times a day, increasing later)and MUCOKEHL 5X (1-2 drops daily, to be rubbed in over the temporo-mandibular joint). However, the G.P. and natural health practitioner should also be involved in the treatment, forming a treatment team which includes the patient, since many problems originate in other specialist areas.

The close proximity of the jaw to the inner ear and the cranial nerves means that the best possible dental "hygiene" is required, as regards the elimination of disruptive fields.Heavy demands are made to preventative treatment, in order to avoid the occurrence of any resultant disruptive fields, or to minimise them.

When treating such complaints as these, it is the important task of dentistry, and above all of the holistic dentist, to remove all obstacles to treatment and healing, so as to facilitate treatments by other specialist disciplines. Very, very frequently, however, following successful dental treatment, these are no longer required. This is because, by cleansing the jaws with comprehensive holistic and biological dentistry, the major triggers of such illnesses have already been eliminated.

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Using Isopathic Remedies in the Dental Practice

Some Examples of Treatment

by Horst Haustein, Dentist, Germany

I worked with the usual antibiotics in my dental practice for about two decades and experienced their decreasing effectiveness. Looking for remedies that are not beset with side effects I came across SANUM's products.

I found a considerably more reassuring method of treatment in the fungi and their possible biological applications which were researched by Professor Dr. Enderlein in the 1930s. The microbiological processes quickly release blockages and have a positive effect on the general wellbeing of the patient. I soon grew confident in the use of the remedies.

Personally, I always felt the harmful effects of antibiotics to be a heavy burden. When using isopathic remedies the therapist experiences a strengthening of the patient's immune system and also an increase in vitality, particularly in children.

Abscesses during the second dentition

Diagnosis: Remnants of rudimentary teeth filled with non-sensitive granulation tissue which proliferates extremely (like a cauliflower). It occupies the whole circular remnant of the tooth and bleeds easily.

Penetrating infective foreign bodies lead to the formation of pus in a granulation cavity. Any contact with dentition tissue will consequently cause problems with the amelogenesis of the permanent teeth.

Treatment: In case the abscess is open, apply a small cotton pledget with 2 – 3 drops of NOTAKEHL 5X, also insert 2 drops either into the duplicature of the lower jaw or in the upper jaw on the outer cheek. If necessary, the patient can repeat the application once or twice a day.

Quintessence: The tension in the venous congestion of the sensitive internal tissue is quickly released and the pain subsides rapidly. The purulent process and foreign bodies are rejected as a result of biological resorption.

Desperate state with diarrhoea following the extraction of a tooth

The patient's tooth 38 had been removed during an extensive operation in hospital. After 5 days of post-operative treatment with antibiotics she had dysenteric diarrhoea and was in a desperate state.

Diagnosis: Lockjaw, the patient was unable to open her mouth wider than 0.5 cm; heavy, cold and hard swelling from the temple to the collarbone; intense pain; swallowing impossible; a slightly raised, cold, red area on the mandibular angle; facial colour ranging from grey to yellowish brown; eyes had lost their "shine"; lymph glands hard and knotty beginning from behind the ear to the armpit. Examination of the oral cavity was impossible.

Treatment: 1 ampoule each of NOTAKEHL 5X + Lymphomyosot injected i.m. in the left upper arm; NOTAKEHL 5X drops used on the cheek approx. every two hours.

Day 2: Pressure and tension pain had subsided. The patient had been able to sleep. Important: Remove feather duvet and pillow. The same injection was repeated.

Day 3: Same injection. Patient was able to take some food. The cold mandibular angle showed some warmth.

Day 4: Same injection. Mandibular angle became more pointed and red. The patient's wellbeing improved considerably.

Day 5: Same injection. The lymph nodes were becoming more relaxed; the shine in the eyes was visible again and the patient's appetite was returning. A hard point on the mandibular angle.

Day 6: Same injection. The abscess on the mandibular angle matured and was lanced from the outside following surface anaesthesia. Pus

extremely thick and containing large flecks, easily removable. 1.5 cm deep wound, 0.5 cm sequestrum removed and cotton pledget inserted.

Days 7 – 9: Injection, cotton pledget changed, very good general condition, reduction in swelling.

Day 10 onwards: No further use of cotton wool pledgets. Lymph vessels soft, injections now every two days, drops applied externally twice daily.

Day 16: No injection, swelling totally subsided, slight pain on palpation.

To promote scar-free healing, 2 – 3 drops of MUCOKEHL 5X applied 3 times a day internally and externally. After the second week the skin on the outer jaw was scar-free.

Parulis of the upper jaw

Anamnesis: Tooth 11: fracture of the crown. Filled under anaesthetic. 6 weeks later a parulis (gumboil) was treated with antibiotics and a root-canal filling carried out. Some weeks later a post crown was placed.

One week later: Lancing of the parulis and antibiotics.

Approx. 3 months later: Pains starting in the neck, temples and head at irregular intervals. Doctor could not find anything out of the ordinary.

About a year later the patient consulted me for bilateral parulis of the upper jaw.

Treatment: Surface anaesthesia, lancing of the abscesses on both sides, removal of about 5 ml pus which was mixed with crystalline cystic material. Cotton pledget inserted; injection of 1 ml NOTAKEHL 5X i.m.

Days 2 and 3: Cotton pledget changed and injection given.

Day 4: Cotton pledget changed and injection given. As the patient was now free of pain an x-ray was also taken.

Days 5 to 7: Cotton pledget changed and injection given.

Diagnosis based on the x-rays: Teeth 14 and 24:, No extensive alveoli and only few trabeculae due to the formation of cysts. The *canalis incisivus* was osseous like a stalactite. Vitality tests of 14 – 24 negative.

NOTAKEHL injections were given over the course of another 3 days; no further cotton pledgets.

Operation: The removal of the teeth was straightfoward. Following the opening of the operation site it was determined that the bone defect was larger than was visible on the x-ray.

After the removal of the granulation and the destroyed bone substance as far down to the base of the nose, the *canalis incisivus* remained in place. Due to a lot of bleeding, a Clauden® (hemostyptic wound dressing) was inserted into the temporary prosthesis and one injection of NOTAKEHL 5X was given i.m.

Postoperatively, on the next day it was necessary to suture and close off an infraorbital artery. The clotting time was 15 minutes.

Day 3 post-op: Injection, cotton pledget with NOTAKEHL 5X inserted in the prosthesis. Afterwards strips of cotton pledget with several drops of MUCOKEHL 5X were laid in the prosthesis to encourage healing of the incision and scar-free formation of new tissue. After approx. 3 weeks the wound had healed without scarring.

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SANUM Preparations in Dental Practice

Success in Difficult Cases

by Horst Haustein, Dentist, Germany

SANUM preparations can be applied very successfully in dental medicine. However, a dentist starting with this treatment must change his way of thinking. Up to now, teeth and their affections, such as caries, parodontosis, parodontitis, foci in the tooth and at the tips of its roots, have been regarded as the originating factor of illness. However, a growing number of scientists understand that these appearances on the denture also may occur as secondary developments. Wrong nutrition, e.g., destroys our metabolic equilibrium and as a result harmful plaque will develop on the teeth. Dr. Schnitzer, a dentist, has demonstrated most impressive and conclusive pieces of evidence for this way of thinking. In my daily surgery I experience that children, whose physical and psychical milieu is beneficial, do not, or only rarely, consume any sweets. In families which are not intact, strongly compensating sweets sometimes are even the children's main nutritional resource.

The condition of milk-teeth is decisive

The destruction of milk teeth has generally progressed to a frightening degree. In my function as a school dentist I found out that 90 % of children let their milk-teeth deteriorate and do not take care of them. Often it is impossible for the dentist to restore such teeth to some degree. In the end extraction is the only remaining choice which, in turn, makes closure of gaps and later expensive regulation inevitable.
Children whose milk teeth are attacked by caries, were accordingly preprogrammed at their embryonic stage by influences from their mothers. Further negative factors are later influences from denatured instant foods which hardly contain natural vitamins and trace elements, etc. Only biologically grown or derived substances can always be harmoniously integrated into the metabolism. The important calcium, for example, can be obtained from the bark of oaks; oaks grow in soil which contains calcium. It has been shown that calcium from the oak is immediately absorbed by the organism. It is also possible to obtain calcium from oyster shells. However, they often consist of further associated substances and trace elements; therefore we have to make sure that they can be integrated into the organism as a building substance.

If children suffer from abscesses at the roots of their milk teeth, NOTAKEHL suppositories (one suppository in the evening for four days) will clear all clinical complaints. The swellings which resemble cauliflower florets and are mostly found towards the cheek side, will vanish quickly. A parulis or a submandibular abscess in the lower jaw can be treated by trepanation of the tooth (almost always without drill) and the subsequent application of NOTAKEHL drops (2 drops applied externally to the cheek). Within a few minutes a strong relief will set in and the swelling will subside after two to three hours. Children with disturbed connective tissue usually need a somewhat increased dosage, but still the effect will not be undesirably vehement. In any case this is unlikely because these children mostly have a low circulation in the connective tissue. Nevertheless, success is achieved more quickly than with the penicillin preparations of which I usually had to prescribe up to three packages. Since October 1977 I have worked without penicillin (the doctor's safety cushion) in my surgery and still have been able to "sleep well" at the weekends.

For processes involving the production of pus, I use Chamomilla 30X (DHU); i.e. for the first two hours 10 drops every 10 minutes, and subsequently 10 drops every half hour for the next two hours, then the same dosage every hour. A sound night's sleep is possible after administration, but in the morning the described dosage has to be given again every half hour. A dosage of Chamomilla in another form or strength is unsuccessful. For processes accompanied by fever, one suppository of

NOTAKEHL can be given at night. I change to PEFRAKEHL or NOTAKEHL drops only after the acute phase has been overcome. In cases of lockjaw I have been able to achieve complete pain relief within two hours, but these were primary conditions.

Therapeutic success can clearly be seen through x-ray

X-rays offer proof for the success of SANUM-Kehlbeck preparations also in dental medicine. They provide the most reliable and true evidence because they can only be faked with great effort, and even then the falsifications can be traced. Therefore, these radiographs may also be regarded as a documentary evidence of the therapeutic success. Photographies are also means of proof, but it is very difficult to achieve exact colour reproduction.

X-rays confirm the dental diagnosis in pathological conditions of various genesis. An osteomyelitic process, e.g., is diffuse (without boundaries), it represents a scattering focus, wheras a cyst is a limited focus which appears round to ovoid in the x-ray. Destructive processes are tumors with sharp boundaries and are rarely odontogenous (caused by the tooth); they have a polycyclic appearance. In this respect malignant tumors can be polycyclic, but may also appear as mixed forms.

Principally, x-rays give only a limited copy of the tissue alterations because x-rays pass straight-lined through substance. Viewed from the side, a tooth may possess a delta of pulp canal exits. On the x-ray, however, they may appear as a single canal from the front because they lie one behind the next at this field of vision. Thus, canals not filled during root treatment cannot be detected radiologically; subsequently they posibly continue to exist as a field of disturbance of great influence. Such unlimited dental foci may, for example, cause bronchitis and rheumatism.

Teeth are far more than merely food crushers

Our teeth are lively and productive through and through. This makes dentition of the remaining teeth possible because the formation dome of the dental enamel is capable of absorbing the milk teeth, or rather their roots, or even the jaw-bone. The boundary between enamel and dentin is a sharply defined contact of ectodermal and mesodermal tissues within the organism. Teeth, except the enamel, originate from the mesodermal tissue and are productive until old age, if kept in a healthy condition. The pulp, for instance, is decreased in its volume by odontoblasts (dentin cells) in favour of dentin growth even in old age. As protection against caries, teeth are able to close small dentin canals (approx. 15,000 canals per cm^2 of dentin) when threatened with the invasion of acids and toxins.

Thus, dental pulp is able to isolate small-scale chemical-parasitic processes. They are subsequently blocked off by the production of secondary dentin which prevents a further invasion of these processes. In cases of caries sicca pulp possibly degenerates at the same rate and rhythm at which caries develops.

Residual foci can develop into fields of disturbance

If residual foci are treated inadequately, granulations, e.g., can grow out into further fields of disturbance. A cyst or an osteitis may develop from the ailing residual tissue. In x-rays a cyst can be recognized by a dark border whereas an osteitis shows a darker colouration of the bone structure. Organisms with a still healthy defence mechanism will react with increased bone production around the defect, but polycyclic processes which are of cancerous nature hardly lead to defence reactions. Additionally, polycyclic processes show clear boundaries against dental foci.

Structural changes in the spongia, which are caused by organic processes such as disturbances in the calcium metabolism, become fluffy and cloudy in the subsequent curative treatment. From their locations, conclusions can be drawn as to the patient's age at the time of the disturbance in the calcium metabolism. The spongia in the maxilla is the "shock-absorber" in the distribution of pressure during the mastication of food. Chewing pressure averages around 75 - 80 kg per cm^2 and can increase up to 160 kg per cm^2.

Respiration and jaw-bones

If people predominantly breathe through their mouths, the disintegration line of the jaw-bone lies in the frontal teeth area in the maxilla, approximately covering the line of pursed lips. It declines at the premolar teeth and climbs again toward the molar area. The line in

the mandible is similar, but flatter in the molar area. Strong prominences of the sinuses (maxillary, nose and frontal sinus) are formed by the way of respiration, i.e. the natural and healthy breathing through the nose. These correlations illustrate that teeth and jaw-bones, together with their structures and functions, are an integral part of the whole organism.

Further important aspects of biological dental medicine

The various formations of pockets result from different causes. For example, a necessary tooth extraction or the false position of one or more teeth lead to gaps in the dental arch. Plaque and food particles then find hiding-places. Resulting gum irritations may deteriorate as far as to the formation of pockets in the bone. Neglected teeth can equally show either vertical or horizontal changes. These phenomena are also found in patients suffering from chronic organic diseases.

Manifestations of parodontitis, including pus producing conditions, are only possible if the patient's symbiosis is disturbed. SANUM remedies are indispensable in the treatment of such decisive processes. The successful therapy with SANUM preparations in dental medicine bases on the re-establishment of the vital symbiosis with microorganisms. An effective treatment of stomatopathies is only possible with holistic medicine. A dentist will not achieve full success in his treatment - of whatever nature it might be - if serious organic disturbances exist. Implantations are not recommended to patients suffering from certain organic illness.

Successful treatment with SANUM remedies

I have worked as a dentist for many years and experienced some wonderful therapeutic successes with the preparations of SANUM-Kehlbeck even in difficult cases. I recorded many of these cases through x-rays and will present and explain one of them in which SANUM preparations decisively contributed to a good therapeutical result. The depicted x-rays show the therapeutic course.

The female patient, born in 1926, complained about strong pains in her left maxilla, radiating to the temple, the eye and the angle of mandible; even the parotid gland was affected. The clinical findings showed a serious, venously congested gingiva with sensitivity to percussion at tooth 27. The x-ray (illustration 1) shows: Cortical substance dissolved apart from a small residue, structural changes of the spongia, caries at the rim of the filling at tooth 24, denticle at tooth 27.

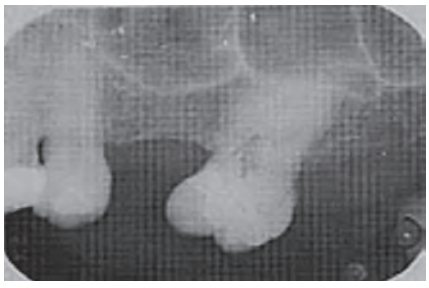

Illustration 1

The first treatment was carried out with Traumeel, Chamomilla lavages and reconstruction of the filling at tooth 24. Some time later chlorozinc was applied to lessen the sensibility of the dental necks. Three months later a stomatitis allergica appeared after eating fruits. Pyralvex and Chamomilla lavages were applied. Again three months later another x-ray was taken (illustration 2) because of a large swelling. A further disintegration of cortical substance and spongia was registered. This was treated with a curretage of the pockets, application of Pyralvex and lavages. Tooth 25 received a new filling.

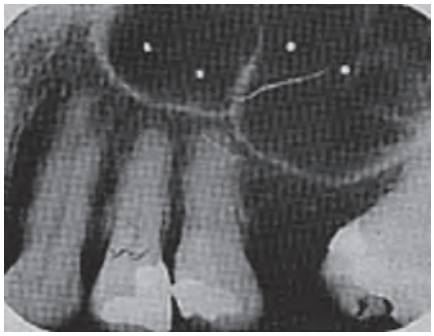

Illustration 2

Two months later the patient suffered from a gingivitis aphtosa. At this stage treatment with SANUM preparations was started. PEFRAKEHL 5X mixed with MUCOKEHL 5X was put an a thin pad of cotton wool and applied for one day twice a week. Besides, an elimination was carried out with Traumeel tablets and Lymphomyosot drops as well as with bladder and kidney tea. Now the first clinical success appeared. During the next month the treatment of the gums was intermitted for one week and the patient got NOTAKEHL 5X tablets instead. The visible improvement allowed the patient to treat herself with MUCOKEHL 5X. However, after two months there was a new attack of aphtosa. Therefore the patient additionally received Thuja occidentalis 4X, 3 x 15 drops every 3 - 4 days.

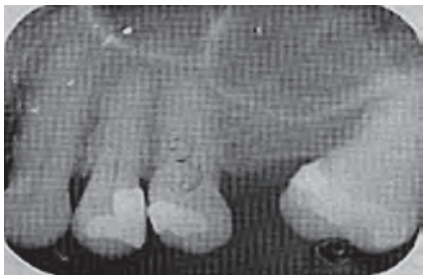

Illustration 3

In the same month a third x-ray (illustration 3) was taken. It was encouraging to see first signs of a new production of bony trabeculae and of cortical substance. Furthermore, a focus of liquefaction became visible distal to tooth 25 as a triangle with distension towards the oral cavity . The gingiva showed a red colour and the swelling was still existent. For a period of three weeks no further improvement took place. Then, PEFRAKEHL 5X, dropped into the nose, caused a rapid decrease of a sinus infection. According to the patient, the sinusitis had been treated without any success for 15 years. To cure the affection, the patient finally received NOTAKEHL 5X at a dosage of one drop each left and right to angulus mandibulae, arm pits and grains every evening. After 5 days the blockage in the sinuses broke at last and large amounts of fluid were discharged.

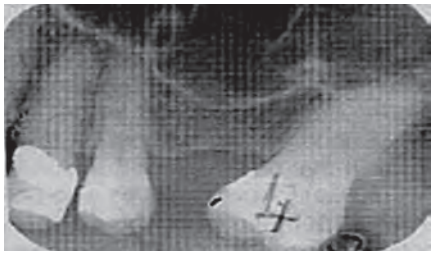

Illustration 4

Towards the end of treatment the patient once more received NOTAKEHL 5X tablets which she had to take every fourth night between 1 and 2 a.m.. MUCOKEHL must not be administered at the same time as NOTAKEHL, but afterwards the patient again received MUCOKEHL. At the end of this treatment a last x-ray was taken (illustration 4) showing a completely new bone production and hardly any pathological structure.

This excellent success is essentially due to the application of the mentioned SANUM preparations.

First published in the German language in the SANUM-POST magazine (3/1988)

NOTAKEHL in Dentistry

Two Revised Studies

by Anna Janas, Grażyna Grzesiak-Janas,
Jolanta Białkowska-Głowacka, Iwona Sikorska, Poland

Abstract

At the Dental Surgery Department at the Medical University of Łódź, two studies were carried out to research the effectiveness of the homeopathic drug NOTAKEHL 5X before and after tooth extraction. The remedy shows good results in supporting the healing process of post-extraction wounds.

Study No. 1

The Application of the Homeopathic Drug NOTAKEHL 5X after Extraction of Teeth

By Anna Janas, Grażyna Grzesiak-Janas, Jolanta Białkowska-Głowacka

The effectiveness of NOTAKEHL 5X in the follow-up treatment of tooth extraction was analyzed.

Materials and methods

The observation study covered 59 patients in the Dental Surgery Department at the Medical University of Łódź who were treated for tooth infection. All patients had been regularly taking treatment for rheumatoid arthritis for some years. Their age ranged from 25 to 45 years (table I).

Odontogenic infection focus in the mouth was diagnosed by clinical and radiological examinations. The major indications for tooth extraction were chronic granulomatous periodontitis in 34 patients and chronic aggravated periodontitis in 25 patients (Table II).

Table I. Age of patients in years

Age in years	Number of patients
25-27	10
28-30	18
31-33	12
34-40	8
41-45	11
Total:	59

Table II. Indications for tooth extraction

Indications	Maxilla (upper jaw)	Mandible (lower jaw)
Chronic granulomatous periodontitis	11	23
Chronic aggravated periodontitis	8	17
Total	19	40

Due to long lasting coexisting diseases (rheumatoid arthritis) and the burden of the long-term medication, the application of antibiotics was abandoned. Instead, with the consent of the patients who were informed about the procedure, the isopathic preparation NOTAKEHL 5X was administered.

After application of conduction anaesthesia or infiltration anaesthesia, 1 ampoule of NOTAKEHL 5X was injected to the vestibular and glossal or palatal side of the tooth which was then extracted. The socket was scraped with a curette and sprinkled with NOTAKEHL 5X. The patients were instructed to apply 5-10 drops of NOTAKEHL D5 once daily to the wound area for the following 3 days. Follow-up examinations took place daily at the clinic.

Results

The following criteria were taken in order to evaluate the effects of NOTAKEHL 5X in the healing process:

- Occurrence of pain
- Post-operative healing process
- Occurence of complications in the alveole.

The healing process took its normal course with all patients. They were free of pain immediately after surgery and during the following days. Inflammatory complications were not observed during this period.

These facts are significant from both a clinical and an economic standpoint.

Study No. 2

The Treatment of Dry Socket with NOTAKEHL 5X

By Anna Janas, Grażyna Grzesiak-Janas, Iwona Sikorska

The aim of this study was to evaluate the effectiveness of NOTAKEHL 5X in the treatment of dry socket syndrome in comparison to conventional treatment.

Definition

Tooth extraction is a common procedure in dental practice. The healing process usually occurs without complications, although dry socket syndrome may arise in 2-4% of cases. Dry socket, alveolitis, alveolar bone inflammation or post-extractional pain are synonyms of the same disease. The main symptom is acute pain which can be so strong that it becomes difficult to deal with for both the patient and the dentist.

The arising pain is neuralgic and occurs after the extraction of the permanent tooth on the 3rd or 4th day after surgery. The blood clot which fills the dental alveolus shrinks or decomposes too quickly. The main causes are mechanical or chemical irritations such as nicotine, caffeine, drugs and intensive mouth rinses. They promote the infiltration of bacteria which, in turn, destroy the blood clot surrounding the tissue. Alveolitis is often accompanied with hallitosis.

Materials and methods

28 patients - 16 women and 12 men - with dry socket syndrome participated in the study. The age of the patients ranged from 18 to 73 years.

In six cases the tooth had been extracted in the Department of Oral Surgery, whilst the remaining 22 patients had experienced the extraction in local National Health Care surgeries or private surgeries. The patients were informed about the principles of isopathic therapy and gave their consent to the procedual method before treatment.

On the first day, all the patients received conventional treatment which consisted of rinsing the socket with 0.02% chlorhexidine solution and drying with a cotton wool swab. Subsequently, 2 drops of NOTAKEHL 5X were rubbed into the socket from the buccal area for 3 minutes. Finally, 2-3 drops of NOTAKEHL 5X were applied into the socket with a dental spoon. Altogether, 4-7drops were applied during the first visit.

In the following days the healing process was recorded and patients were questioned about their subjective pain sensations. A 4-degree pain scale was used to assess patient's feelings: 0-no pain, 1-slight pain, 2-medium pain, 3-strong pain.

This everyday evaluation of the local condition was the basis for the further treatment, which was carried out according to the protocol mentioned above.

A further 30 patients – 18 women and 12 men – with alveolitis served as a control group. The age ranged from 20 to 68 years. The basic treatment also consisted of rinsing the socket with 0.02% chlorhexidine solution and drying it with a cotton wool swab. Unlike the NOTAKEHL group, these patients received Nipas (acetilsalicilum acid) as local treatment. Daily controls and successive treatment with Nipas were also carried out as with the NOTAKEHL group.

Results

The patients' subjective pain sensations were analyzed.

On the day after the first treatment, 26 of the patients treated with NOTAKEHL 5X expressed slight (1) pain and two experienced medium (2) pain. No fetor ex ore was detected and the psychological and physical condition was improving. After the second day of treatment, 26 patients were totally free (0) of pain. Granulation was observed in the socket and no traces of inflammation were indicated. Only in two cases slight (1) pain continued until the third day, but granulation had already begun.

In the reference group medium (2) pain persisted up to the third day with 23 patients. The remainder of the patients reported strong (3) pain and required further treatment for another 4-5 days. In this group there were no signs of granulation in the socket, merely the lack of inflammation was stated.

Discussion

The treatment of the dry socket syndrome generally consists of the removal of the leftover blood clot in the socket by rinsing with e.g. water solution of $KMnO_4$, hydrogen perioxide, Rivanole or 0.02% chlorhexidine solution. Mechanical cleaning with the use of a dental spoon is not recommended, because it increases the risk of re-infection. Subsequently, anti-inflammatory and analgetic inserts are used. Aspirin paste rubbed ex tempore, iodoform filters socked with camphophenol,

Apernyl, Nipas, Socoseryl, 5% EEGP (Ethanol-glycerin extract of propolis) are the mostly used analgesics. The patient usually becomes free of pain within 3-7 days.

In comparison, the treatment of dry socket syndrome with NOTAKEHL 5X shortened the period of pain to 2-3days. It is worth pointing out that this is significantly faster than any other treatment. The application is non-invasive, practical and free of aggravating side-effects such as incompatibility or allergic reactions. The patients assessed these aspects positively.

Summary

NOTAKEHL is indicated in all cases of bacterial infections especially Staphylococci and Streptococci. According to Heidl, the preparation effects stimulation of the immune system.

Both clinical studies prove the effectiveness of NOTAKEHL 5X for prophylaxis and treatment of inflammations after tooth extraction.

It is important to emphasize the rapid analgesic and anti-inflammatory effect as well as the easy application and that NOTAKEHL is well tolerated.

Patients are willing to accept treatment which is both effective and free of side effects.

In many cases the application of isopathic remedies makes it possible to reduce the use of allopathic preparations, e.g. antiphlogistics or antibiotics which destroy physiological intestinal flora and promote growth of yeasts and fungi.

The results of these studies may contribute to a wider range of application with holistic preparations in dentistry.

"The Application of the Homeopathic Drug NOTAKEHL 5X after Extraction of Teeth"
was published in the journal "Magyzyn Stomatologicztny" No. 3/2005 in the Polish language.

"Notes Regarding the Treatment of Dry Socket with NOTAKEHL 5X"
was published in the Polish journal "Dental and Medical Problems" No. 42/2005.

Both articles were revised and combined by Semmelweis.
An extensive bibliography is available from Semmelweis.
The translation has been approved by the authors.

Efficacy of LATENSIN 4X in Inflammations of Dental Origin

Case Report

by Anna Janas, Grażyna Grzesiak-Janas
Department of Dental Surgery, Medical University, Łódź, Poland

The report concerns the treatment of perimaxillary inflammation of dental origin with LATENSIN 4X. The medically active substance of LATENSIN 4X is a non-pathogenic strain of *Bacillus cereus*. It increases the activity of phagocytes and T-lymphocytes which play a significant role in the regeneration of the immune system.

The healing characteristics of hay extract have been known for a long time, but nobody connected them with the presence of *Bacillus species*. Miecznikow described the restraining influence of anaerobes towards streptococci, staphylococci, salmonella and tubercle bacillus. Rau emphasized the bactericidal activity of the hay microorganism. Homeopathic drugs stimulate the specific and non-specific defence mechanisms of the body, which give protection against bacteria, viruses, toxins, increase the level of interferon and lisozyme, assist the effect of prostaglandines and increase the non-specific humoral response.

In dental practice, gangrenous teeth are often accompanied with trismus, which restricts jaw opening. It is caused by general psychogenic and neurogenic disorders and local factors which lead to contracture of masseter muscles. Trismus is not a contraindication with the extraction of a tooth.

The administration of antibiotics for treating inflammations destroys the physiological bacterial flora and brings forth antibiotic resistant strains. A case study was carried out to investigate the application of LATENSIN as an alternative in the treatment of perimaxillar inflammation. As yet no information referring to this subject is available in dental literature.

Case report

B.M., a 23-year-old man (out-patient No. 20419/04) consulted the Department of Dental Surgery of the Medical University in Łódź due to a swelling of the mandibular angle and first-degree trismus. The patient stated that the symptoms began a few days before, and therefore he had been treated with antibiotics (Dalacin C, Augmentin). The patient's mother noted that he had lost 30 kg (slimming diet) in weight during the last 3 months because he intended to serve in the Army in Iraq. The present body weight was 97 kg at a height of 193 cm.

Clinical examination determined a tumor, 2x3cm, of the left mandible without fluctuation, central emollition or pain on palpation (figure 1). The patient's general state of health was good; normal temperature, pulse 96/minute and blood pressure 135/90 mm Hg. The cervical and submandibular lymph nodes could not be palpated. First-degree trismus made the intraoral examination impossible, therefore a panoramic X-ray was carried out which showed a crown fracture of tooth 37 with gangrenous pulp and periapical lesions. The patient was informed of the necessity to remove the affected tooth in spite of trismus, to which he gave consent.

Using the gag, perineural anesthesia was performed with 2% lingocaine. Then a mucoperiosteal flap was cut, the lamella of the bone was taken out, radixes were separated and

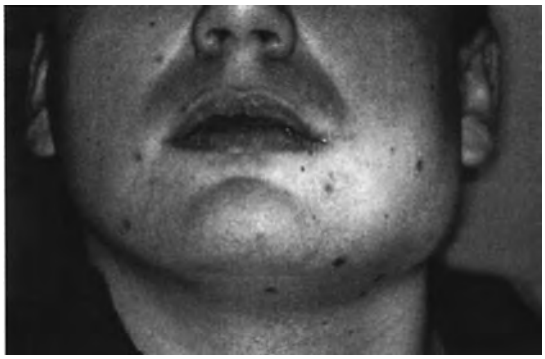

Fig. 1. Inflammation of the mandibular angle region on the left side. Trismus 1°

removed. Then the periapical lesions were curettaged and the wound was stitched with knot sutures. Following the extraction, the patient was able to open his mouth one finger's width. A thin-needle aspiration biopsy was carried out and the cytologic examination confirmed inflammation.

The patient approved to the following protocol for treatment: 3-4 intramuscular injections with LATENSIN 4X, one every 3 days. After desinfecting the skin of the face with 0.5% solution of chlorhexidine (figure 2) the remedy (1ampule for one injection) was injected i.m. to the mandible angle. During the treatment period, the healing process and the patient's condition were determined. The edema of the tissues decreased after the second injection and jaw opening increased (1.5 finger). After three injections, on the 10th day of treatment, the inflammation had subsided (fig. 3) and jaw opening was normal.

Discussion

Acute dental inflammations often cause sudden trismus of the muscles that lift the mandible, including the masseter, temporal and pterygomedial muscles. Differential diagnosis is necessary to distinguish the dental problems from others. The most common causes are teeth radixes left in the jaws, teeth with gangrenous pulp and periapical lesions, as confirmed by our case report.

According to Gajewski the treatment of trismus caused by acute inflammation is usually causal. If possible, the affected tooth should be extracted. In this case, the operation was carried out despite first-degree trismus.

According to other authors, antibiotics and sulphonamides are applied in the treatment of inflammations of dental origin; e.g. Lewandowski et al. administered Dalacin C to 67 patients – 45 men and 22 women; 36 of whom were hospitalized and 31 were treated as out-patients. The authors evaluated the efficacy of this drug with 86%. 13.4% of patients required a change of antibiotics. Dalacin C is effective with anaerobians.

Fliegel et al. used parenteral stimulus treatment, mostly as intramuscular injection of stimulus medication. They studied the effectiveness of Panodine, Dlbota, Distreptase or Biostimine on activating fibrinolysis, proteolysis and immune response.

In the case report the patient suffered from a gangrenous tooth, causing trismus and inflammation in the mandibular angle region. After the extraction of the tooth three intramuscular injections of one ampoule of 1ml LATENSIN 4X were administered at intervals of three days. LATENSIN 4X had a distinct healing effect and caused remission of trismus, edema and inflammation.

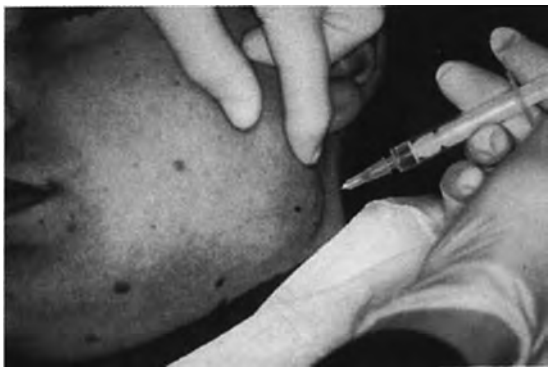

Fig. 2. Intramuscular injection with 1 ampoule of LATENSIN 4X in the left mandibular angle

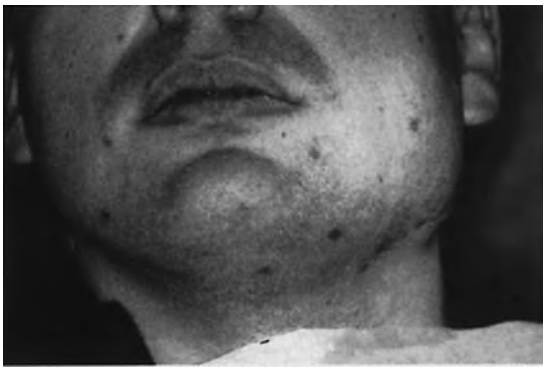

Fig.3. Retraction of the inflammation on the 10th day of treatment.

This article was published in the Polish journal "Dental and Medical Problems" No. 42/2005.

An extensive bibliography is available from Semmelweis.

The revised translation has been approved by the authors.

Milieu Therapy, Isopathy and Darkfield Microscopy

Connections with Holistic Dental Medicine

by Dr. med. Thomas Rau, Switzerland

The concept of "blockades" or hindrances to healing

The most frequent hindrances to healing at the present time are, on the one hand, dental foci causing fields of interference and toxicity (i.e. mostly iatrogenic influences) and, on the other hand, dysbioses of the intestinal system with a consequent enterotoxic load. Hindrances to healing, the so-called "blockades", are indicated by a reduced ability to regulate, i.e. a reduction in the body's ability to react to external stimuli. Free radicals and persistent immune complexes develop, also accompanied by a reduction in the inflammatory response or false inflammations. As a result, toxic products are deposited and pathological protein structures, which Professor Enderlein named "endobiontic high valencies", build up in the body.

All these symptoms share the feature that protein structures, present in the body in a complex form with otherwise inert but toxic elements, bring the cells of the body into a state of impregnation and later degeneration. These materials lead to a false defensive reaction (auto-immune process) or to a flagging of the cell metabolism, i.e. to premature ageing or the growth of tumours. The cell metabolism decreases and the cells become degenerate.

Reasons for SANUM therapy

In the cells and in interstitial fluid, SANUM and milieu therapy offers a very effective solution to the change of protein structures and their dynamics and works on different levels:

The ***orthomolecular substances*** (trace elements, polyunsaturated fatty acids, stimulants such as citric or formic acid, vitamins) improve the cell metabolism, the membrane potential and thus the ability of the cells to react. The substances in this range include ALKALAN, LIPISCOR, MAPURIT, SELENOMETHIONINE, VITAMIN E SANUM, FORMASAN, ZINKOKEHL, SELENOKEHL, CUPRU-KEHL, CITROKEHL, and also substances such as evening primrose oil made by Biofrid.

The **acid base regulators** alter the permeability of the mesenchyme (embryonal connective tissue) and its ability to transport substances, and thus improve at a very fundamental level the ability of the body to regulate itself. They are complemented by a basic diet low in animal protein. New tests show that in the basic milieu the interstitial fluid from directed polysaccharide molecules is considerably better able to transport both material substances and exchange of energy. The substances in this range are: ALKALA N and ALKALA T, also the potency accords SANUVIS, CITROKEHL and FORMASAN, indirectly too the preparation UTILIN "S".

The **isopathic medications** show an ability to reduce high-molecular pathological protein structures ("endobiontic high valencies") and to prevent their upward development into microbiological structures such as viruses, bacteria or fungi. The medications are therefore also very effective in the area of the intestinal flora where they can lead to normalisation, provided that the patient sticks to a diet which will protect the intestinal flora - that is, without eggs, cow's milk products, sugar or meat.

Short digression regarding the pleomorphistic approach

According to Professor Dr. G. Enderlein, isopathic remedies reach deep into the metabolism and the inner milieu of the mesenchyme, the bodily fluids and the cells. At the root of them is pleomorphistic thinking which says that people and all animals are very intensely bound together

with nature in their rhythm and reactions and that there is constant change (pleo = many, morph = form).

Bacteria are not "fixed units" which always develop the same illness, but they continually change - that is, they can metamorphose from one form into another and even become other bacteria or move into a fungal phase, the so-called "culmination" of the cycle of development. There are, however, also "viral" phases of the "symbiont" named below, and these develop upwardly both inside and outside the cells and have a direct influence on the metabolism of the cell; in molecular biology the jump from the double helix structure of acidic DNA to the double protein chain structure described by Enderlein has not yet been completely researched.

However, the results achieved by researchers in Vienna are interesting: They have analysed the "protite" described by Enderlein as being identical to the globin of the haemoglobin, and because of this there was shown to be the closest possible link between human erythrocyte cell and the basic components of bacteria - those very bacteria which humans have in billions as symbionts on their skin, in the bowel and on all the mucous membranes, proving how closely the world of bacteria is tied up with the intact human organism.

However, the pleomorphists (Béchamp, von Brehmer, Enderlein and others) also describe "blood parasitism", i.e. the presence of the early stages of symbiontic bacteria. Enderlein called them "endobionts": They exist in the blood and all bodily fluids and can also be seen using darkfield microscopy. They can change pleomorphically from one form into another, depending on the milieu, pH, protein content, trace elements, heavy metals, etc. Humans live, therefore, in intensive symbiosis with a world of bacteria and micro-organisms which is also constantly changing according to the milieu, diet and the acid base condition of the person and even develops from endogenic proteins! So it is that bacteria in nature and in humans can change from one form into other forms and into stages of development and also constantly change their pathogenicity depending on the metabolic milieu. As a consequence, it is not necessary to assess bacteria, viruses and fungi as foreign to us but as a part of ourselves, and they can be altered in their pathogenity by correction of the inner milieu.

As a result, micro-organisms are not fixed units, they continually change. They arise - and this is what is special in pleomorphistic thinking - by upward development from endo-cellular protein components, which Enderlein named "protites" and Wilhelm Reich called "bions" but which nowadays are also called somatids and which are normally present in every human cell and every bodily fluid. Even more fascinating is the idea that these particles are given to us when we are created and later to a great extent "survive" us - that is, they go back to nature as a part of our self. They can withstand high temperatures up to 300°C, so they cannot be "killed off" by sterilisation. However, in a similar way they can also develop upwards from plant cells, as Wilhelm Reich proved when he grew bacteria and amoeba from sterile liquids from grass cells.

But Enderlein's most important finding was also the beginning of his effective isopathic therapy: the "high valencies" (i.e. the bacterial and fungal forms) can be reduced by the "low valencies" (i.e. the endogenic protites: proteins and nucleic acids) and developed upwards into non-pathogenic forms if these "low valencies" are present in sufficient number and the milieu is correct. So it becomes clear that the actual presence of these so-called "low valencies" and the correct cell and plasma milieu is very important for good immunity - that is, human beings acquire good resistance through the presence of the early stages of bacteria and viruses.

This is a completely new and dynamic way of looking at human integrity, demonstrating that it is the presence of an intensive exchange with the environment which is the basis of health and maturation. Bacteria and viruses are therefore not "harmful and dangerous and need to be wiped out", but their mono-morphic design is only the expression of a rigid, blockade-

induced, abnormal milieu! Antibiotics and similar remedies have thus become largely unnecessary, and even the monodiagnosis of fungi and bacteria loses its importance to a great extent.

Thus it becomes clear that the first-named orthomolecular substances and acid base regulators are a pre-requisite for successful isopathic therapy. They remove blockades which have arisen as a result of mineral deficits, hyperacidity or heavy metals and so permit the isopathic decomposition of the high valencies. However, the low valencies which arise as a result of isopathic therapy (protites, chondrites, symprotites) can again continue to exist in these forms only if the milieu of the environment suits them; for this vitamins, minerals and ALKALA N are necessary, and that is another reason why we use them.

Darkfield microscopy of the native blood *is a very suitable method of assessing vitality and the pleomorphic dynamics of the blood. In this type of assessment one drop of vital blood is taken using a capillary tube and observed in the native state in the darkfield under 1200 times magnification. The dynamic change of the structures is observed over a period of time, and this gives an insight into the tendency of the cells to degenerate and into the endobiontic contamination of the plasma. In this investigation the following questions can be answered from the dynamics:*

- *milieu;*
- *excess of acid / excess of protein;*
- *toxic or other blockades;*
- *activity of the leucocytes: that is, contamination / toxicity of the leucocytes;*
- *endobiontic contamination;*
- *evidence of the therapeutic approaches which are necessary;*
- *acid base therapy / isopathic therapy / immune stimulation;*
- *detoxification therapy needed / diet therapy needed.*

Darkfield diagnosis of the native blood is the only test which at the same time shows us the milieu and the degenerative tendency of cellular elements as well as the buffering load on the blood. It is suitable, particularly when observed over a period of several hours, for demonstrating stress loads on the blood cells and thus tendencies to develop certain diseases, even pointing to tendencies to develop tumours. In addition, conclusions about diseased organs and even about archetypal psychological themes can be drawn analogously by interpretation of the blood crystals and the protein condensates in the blood. The method is very important for patients with tumours for assessing their ability to tolerate chemotherapy.

No other test shows the relationship between the patient's condition and Reckeweg's phases of illness as clearly as darkfield microscopy can. And every darkfield constellation has its own related biological and milieu therapy. Darkfield microscopy is therefore a test which is very quick, very practical and very motivating for the patient.

The isopathic remedies, manufactured by reductions from high valencies, are (according to Enderlein) the core products for therapy. They lead to a fundamental retuning of the "inner milieu", of the bacterial world and the protein milieu, but must also be selected to suit the patient's constitution and prescribed over a long period of time. To increase their effectiveness, the main remedies in this range (NIGERSAN, made from *Aspergillus niger,* and MUCOKEHL, made from *Mucor racemosus*) should be combined intermittently with the homeopathic metabolic products of this same fungal stage, namely Acidum lacticum (SANUVIS) and Acidum citricum (CITROKEHL). The products in this range are: MUCOKEHL, NIGERSAN, NOTAKEHL, FORTAKEHL, MUCEDOKEHL, PEFRAKEHL, ALBICANSAN, LARIFIKEHL, PINIKEHL, QUENTAKEHL, and the combination remedies EXMYKEHL and SANKOMBI.

The **immune biological products** stimulate the bacteria and lead to stimulation of the macrophages and also of the lymph cells, in particular the T-cells, which is scientifically well-substantiated, so that with the range of SANUM therapies it is possible to bring about active macrocytal resorption and immune fixing of pathological

proteins. Depending on the choice of immune biologicals (bacterial remedies), either T-cell activity, particularly in viral illnesses, can be stimulated (e.g. *Propionibacterium avidum* or *Mycobacterium phlei*) or stimulation can be given by activating and fixing macrophages (e.g. with RECARCIN) against the long acting forms of bacteria which are becoming more and more common. Immune modulation using the immune biological remedies is particularly effective in cases of chronic dysbiosis (bacterial nests in the crypts of the bowel) and also particularly in cases where there is siphonospores as an inevitable result of dead teeth (ARTHROKEHLAN/ corynebacterial remedies). And of course in cases of holistic medicine and above all in the treatment of dental foci of interference one should not forget the immune biological remedy ARTHROKEHLAN A. Remedies in this group: UTILIN, UTILIN "S", LATENSIN, RECARCIN, ARTHROKEHLAN A and U, PROPIONI-BACTERIUM AVIDUM, BOVISAN.

Finally the range of haptens (SANUKEHL's) rounds off milieu therapy as the absolutely targeted regulation therapy: The low-molecular poly-saccharides have the ability to bond antigens and to improve their identification by macrophages; they therefore intervene in auto-immune processes and tumours. The antigenity of the proteins is in these cases desirable, and the haptens increase it in such a way that the previously blockaded immune system is once again "started up".

This mechanism is particularly important in diseases where there are tumours, where there is hardly any antigenicity remaining in the tumour cells, and in cases after treatment with antibiotics. After the bacteria have been destroyed with antibiotics, the latter do not have the same antigenicity as the remnants of the cell walls and the bacteria, and therefore they are no longer recognised by the macrocytal immune system, which can lead to so-called "auto-immune" diseases. The haptens mark these "part antigens" and convert them into more recognisable antigens, so that a normal immune reaction becomes possible again. Milieu therapy which is properly understood can thus lead to a very clear improvement in the body's ability to react and first gives the body the ability to react to energetic methods.

Milieu therapy therefore is the best possible supplement for all types of energetic therapy and is often the pre-requisite for preparing a patient before treatment with homeopathy or fine energy.

The connection between the teeth and the inner milieu

Milieu therapy is an essential precondition for every biological therapy, just like ***thorough "clearing out" of the teeth (i. e. amalgam, root treatment etc.)***, as the blockading toxins come from diseased teeth: siphonospores as long-acting bacteria which have a bacterial toxic and probably carcinogenic effect on the mesenchyme, but also have a highly toxic effect as a result of deadly proteins (thioethers, mercaptans, indols). American researchers (Weston Price et al.) were able to show that in every dead tooth in the dentine canals - i.e. in the organic substance - there are inevitably siphonospores which are also found in large quantities in tumour tissues. These lead to decay of the pulp structures as in a corpse and thus produce bodily poisons being antigenic and highly toxic amounts already in nanogramme doses, which on the one hand are washed out over the mesenchyme and on the other hand also generate a high level of interference on the meridian, which is probably why dead teeth (all teeth which have been subjected to root treatment are dead and ridden with siphonospores!) tend to interfere first with their meridian processes. Every tooth is linked to a meridian; that is, every meridian has its own specific groups of teeth.

It is interesting that for example in parodontosis, for the most part either the dead teeth or the tooth groups of a corresponding meridian are periodontal, and, therefore, the tooth can give the doctor valuable pointers to the meridian affected. Therefore, parodontosis almost always includes interference with the meridians and problems with the milieu and must be treated correspondingly.

However, the teeth are also the sources of heavy metals poisoning, in particular mercury. The doctor should also always consider palladium, tin and aluminium which can cause similar high-grade poisoning of the cells. According to Enderlein these heavy metals are also typically the cause of the blockades ("Mochlosen"

[= approximately: unwilling substances]) which reduce the vital upward and downward development of the endobiontic valencies (see above) and therefore fundamentally hinder the adaptation and regulation of cells and tissues, thus also being the true cause for bacterial or viral mono-infections. Likewise "Mochlosen" can come about as a result of electromagnetic and geopathic stress, fixed hyperacidity, and also degenerative constitution. This again explains why people under stress of this type are more susceptible to bacterial and viral illnesses, as their dynamic system of downward and upward development of viruses and bacteria does not function.

The ***excretion remedies for heavy metals*** are SELENO-METHIONIN, SELENOKEHL, ZINKOKEHL, ALKALA N, OKOUBASAN, CERIVIKEHL, but also ionic exchangers. The release of heavy metals from the teeth and their fixation to the target organs - ganglions, nerve cells and fibrocytes- are very dependent on the type of constitution, as well as on the tissue content of antagonists and on the level of acid in the tissues. Again, this level can be influenced easily and effectively with the SANUM milieu remedies (alkaline remedies, minerals).

The ***biological milieu therapy*** described in this article must be continued over a long period of time - that is, from several months to two years - and be accompanied by a healthy diet low in animal protein. It can lead to a fundamental regeneration of the tissues even in old people and to the healing of even long-term illnesses, and also to a harmonious extension of consciousness for the person. It is particularly suitable in cases of susceptibility to infection, chronic bacterial diseases, all diseases of the circulation and heart. It is also the foundation therapy for diseases involving tumours.

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