

ADVANCED TESTING PROTOCOL FOR THE  
EVALUATION OF ODONTONS TO FIELD DISTURBANCES, FOCI AND TISSUE SYSTEMS  
ACCORDING TO FRITZ KRAMER, D.D.S.

Report Written by Gary Verigin, D.D.S.

1. At first appointment, obtain a full set of dental intra-oral x-rays of all teeth and edentulous spaces if they exist. The use of a millimeter grid is strongly suggested.
2. Chart the existing teeth. List all of the filling materials and the surfaces the material/materials cover.
3. Chart all caries, defective fillings and any lesions that are seen on the x-rays. Look for root canal fillings. Note if they are overfilled, under-filled, etc. Make notations of the types of materials used. Look for cysts and granulomas on the x-rays.
4. Chart all six periodontal readings for each tooth. Look for amalgam tatoos. If noted, record site, location, and size in millimeters.
5. Utilizing a digital scanning pulp tester, take vitality readings of all existing teeth, both filled and unfilled. With a needle electrode you can also pulp test pre-existing full crowns. Check each tooth for electrical currents: millivolts, microamperes, nano watt seconds.
6. Before the actual testing is started, make sure the indicator on your EAV or EAP unit is set to zero.
7. Place a brass cylindrical hand held electrode into each of the patient's hands. If the skin on the patient's hands is dry or calloused, you may need to moisten the palms slightly or place a slightly dampened white paper towel (1 layer thick) around each electrode. One electrode is the inactive one and the other is active. On one you will have to place the measuring stylus into the banana plug recepticle at the end of the brass cylindrical electrode.
8. The basic value between the right hand and the left hand should read at least 82, with the range 82 to 87 being the best.
9. It is important that the patient hold the electrodes with a moderate grasp that is always the same. If the reading is low, you should build up the measurement.
10. If it is necessary to build up the measurement, you would depress the button for therapy and use the A.C. Sine Wave from a tingling sensation for several minutes until the basic value of 82-85 was reached. Deep knee-bends by the patient are also helpful.
11. Now, the patient's basic regulative system can be measured.
12. The meridian that is the best and easiest to use is the Lymph meridian, which

is located on the lateral side of each thumb. The lymph drainage for the jaw and head is on this meridian.

13. Measure Lymph 1. It is also known as the acupuncture point for the palatine tonsil.
14. Use the Kramer Low Pressure Electrode Tip so as not to damage the point when doing repeated measuring at this point. Apply pressure of around 300 ponds. (no more than 2 pounds.)
15. Place the electrode tip on the point, using very light pressure so that the indicator goes up to 20 grades or scale units. Walk the tip around with the same pressure. When the exact center of the point is located, the indicator will go up another 5 grades. Now you know where the exact point is.
16. Touch the point and measure the point. Use finger rests so the electrode is stable and you are applying a stable 300 ponds of pressure.
17. Kramer does not use the indicator drop as the reference, nor the value 50 specifically.
18. Kramer uses the term REVERSE EFFECT and the normal value can be seen at anywhere from 42-52. It can vary from day to day and can be different on either the right or left sides.
19. As an example, let's say the indicator reads 68, on the Palatine Tonsil point.
20. Take one ampoule of the organ preparation, Tonsil Palatine D-6 (WALA) and place it into the honeycomb which is connected via a banana plug cable, which is attached to the medication testing portion of the unit.
21. Using the same pressure, note the indicator value. Let's say it is now 60. Remove the D-6 ampoule from the honeycomb and replace it with a D-5 ampoule. Now the reading may be 57.
22. Next replace the D-5 with a D-4 ampoule. Now the reading is 55.
23. Replace the D-4 with an ampoule of D-3. Now the indicator value is 49 and the indicator is stable.
24. Checking for the "KRAMER REVERSE EFFECT" place a second ampoule of D-3. The indicator will rise to 57. Thus 1 ampoule is best. This is also known as the "Individual Turn-Around According to Kramer."
25. Now you are ready to check each tooth and edentulous space where a tooth once existed.
26. With the patient holding one brass electrode, take the tooth measuring stylus and place it on the Kramer Probe. Depress the button to the tonification current, adjust the intensity to 1 on the dial, or until the patient can feel a definite tingling sensation.
27. Then, have the patient open his/her mouth, place the tooth measuring stylus below the free gingival margin (about 3-4 millimeters apically), depress the

button on the probe and hold 2 to 3 seconds.

28. The following ranges are notes:

50-75 = Normal Response  
76-80 = .Not Quite Clear  
81-- = Focal Problems Exist

29. For example, the indicator reads 65. Place 1 ampoule of Mandible D-6 (if measuring teeth in the mandible) into the honeycomb. If it goes to 49, you have balanced the point. Next, place a D-5. This is then the counter check of the Individual Turn Around.

30. Proceed to check the other teeth in the quadrant.

31. It is suggested you begin from the midline in each quadrant and then test each tooth distally until all 8 teeth or spaces have been measured.

32. Diagnosis of the extent (severity) of a focus using various potencies:

D 15	Strong Inflammation
D 12-14	Strong Inflammation
D 10-11	Slight Inflammation
D 5-8	Normal Response
D 4	Slight Chronic Process
D 3	Chronic Process
D 3 (2 ampoules)	Medium Chronic Process
D 3 (3 ampoules)	Strong Chronic Process
D 3 (4 ampoules)	Extremely Strong Focus

33. When a tooth or edentulous space is measured and it takes 2 ampoules of D-3 to balance the point or even 1 D-3, it is necessary to evaluate what the chronic process is that is causing this reading.

34. From the charting of your orthodox clinical dental examination, you need to see the status of the tooth. Is it vital? Does it have a periapical defect? Does it have high buccal currents? Which restorative materials?

35. Then, you select (if the tooth is still vital for example) ampoules of the nosode preparation for Chronic Pulpitis.

36. Testing the same tonsil palatine point, select the ampoule that will bring the indicator down to 49. Change the ampoule to another potency to obtain the reversal effect. The potency selected will determine the chronicity of the process or the problem.

37. After the point is balanced for each tooth, the balancing ampoules are left in the honeycomb until both quadrants on one side have been analyzed.

38. Once both quadrants have balanced, take out all the ampoules and place them back into your test kits.

39. To test the opposite side of the maxilla and mandible proceed with step 20 and continue in the same manner.