

FOCUS # 31

Chronic Pulpitis as Odontogenic Focus

by F. Kramer

1980

Chronic inflammations of the pulp are far more frequent than is generally assumed. Because they are clinically hardly verifiable, their recognition through the help of electroacupuncture is an essential assistance in focus diagnosis.

Clinical medicine differentiates between various types of chronic pulpitis. The Pulpitis chronica clausa, of which we are speaking here, may be easily diagnosed histologically. For the practitioner-^{at}~~on~~-the-chair, the diagnosis is hardly possible, even when he brings into play every sort of examination such as ~~anamnesis~~^{History}, mouth exam, X-ray status and vitality-test. However, one succeeds in diagnosing chronic pulpitis with the assist of electroacupuncture (EAP). In this method, major points are measured which distinguish themselves by a lowered electric resistance and they are identical with the acupuncture points.

For the diagnosis of the entire jaw- and tooth realm, there are six measuring points, all of which lie in the area of the Musculus orbicularis oris. Their topographic location is indicated in Illustration 1. If one applies a stress-current with alternating pulse of 10 Hertz and about 20 Volt to the coronal root-third of any tooth that is suspected of chronic pulpitis, then, if e.g. there is a chronic pulpitis, the electric transfer-resistance of the pertinent measuring-point becomes considerably lowered. This is indicated on the electroacupuncture-apparatus reciprocally by

a Wheatstonsche Bridge-Switch-switching with a measuring value of over 80 lines.

I began many years ago with the development of this diagnosis for chronic pulpitis, having tested it in my daily practice and, to date, have had histologic research done on 38 teeth, which were diagnosed with chronic pulpitis by the EAP-test. The histologist was able to confirm the diagnosis in 36 of these cases.

The question is now no longer: "Is a tooth vital or avital", but one can now in vivo and more precisely respond to the question: "Is the pulp sick or healthy?"

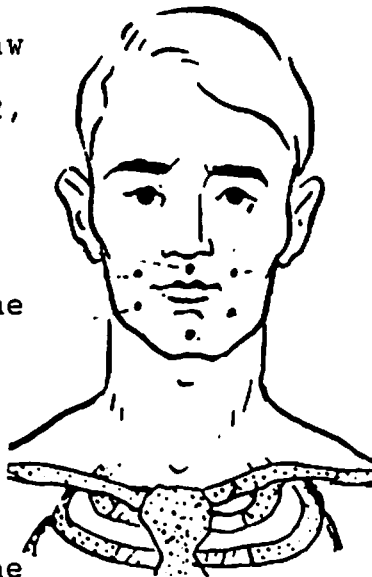
*

Illustration 1: Topographic position of the measuring-points and their relationship to the teeth.

Measuring point for the middle of the upper jaw
14, 13, 12, 11, 21, 22, 23, 24

Measuring point for the side of the upper jaw
18, 17, 16, 15

Measuring point for the side of the lower jaw
48, 47, 46, 45



Measuring point for the side of the upper jaw
25, 26, 27, 28

Measuring point for the side of the lower jaw
35, 36, 37, 38

Measuring point for the middle of the lower jaw
4321/1214
44, 43, 42, 41, 31, 32, 33, 34.

That gives much greater assurance to the dentist and saves the patient needless pain and expense. That goes especially in prosthetics for teeth which are to be protected by crowns or are prepared as abutment for extensive tooth-replacements. In conservative dentistry, the EAP pulpitis^{ti}-diagnosis is the way of choice, when there are unclear complaints in a jaw-section with teeth which do not clear up with the use of usual clinical methods. The pulpitis-diagnosis with the EAP-apparatus is, however, most important and rewarding with the patient under focus-suspicion, because with them it does not suffice to search for avital teeth with root-granuloma. Numerous examinations have established that the chronically-inflamed pulpa of vital teeth are among the frequent odontogenous foci in the toothed^{dentulous} jaw. But because they cannot be clinically diagnosed, they have till now been overlooked as odontogenous foci. Thus, many focus-diagnoses have remained incomplete and one need not marvel that the therapies based thereon did not bring the desired result. This is confirmed by the following examinations-sequence on 207 patients (102 male, 105 female), which have been referred under suspicion of possible odontogenous foci because previous therapies were unsuccessful.

Most of them were in the second half of life and had previous dental examinations and treatments. That explains the high number of 2 287 toothless odontons (207 patients with 32 odontons each = 6 624 odontons); thus, 4 337 were with teeth. That corresponds to a ratio of one to two. In the 4 337 toothed odontons there were noted with clinical certainty 379 avital teeth and, thus, 2 958 vital resp. probably vital teeth. The vitality of uncrowned teeth was uniformly tested with electric current, using

Siemens-Pulpa-Testing-Apparatus, and the vitality of crowned teeth with ~~carbonic acid~~^{CO₂}-snow. Among the 2 958 vital teeth, I found with the aid of the electroacupuncture-apparatus 269 with serious and 290 with mild chronic pulpitis. By serious pulpitis is meant a chronic inflammation of the pulpa, which according to experience no longer warrants a conservative maintenance of the pulp~~?~~ because the chronic inflammation has already extended into the Alveolar-bone. In milder chronic pulpitis, one can try an indirect resp. direct capping with Calxyl o.ae. (unchanged?), because the EAP measurings indicate that the inflammation is as yet limited to the pulpa resp. parts of the pulpa.

If one transfers the absolute numbers on the average (cross-section?), then we have the following picture, according to Ill. 2:

My statistical "average patient" has 11 toothless and 21 toothed odontons.

In the toothed odontons, 1,8 were clinically certified as avital and 19,2 as vital teeth.

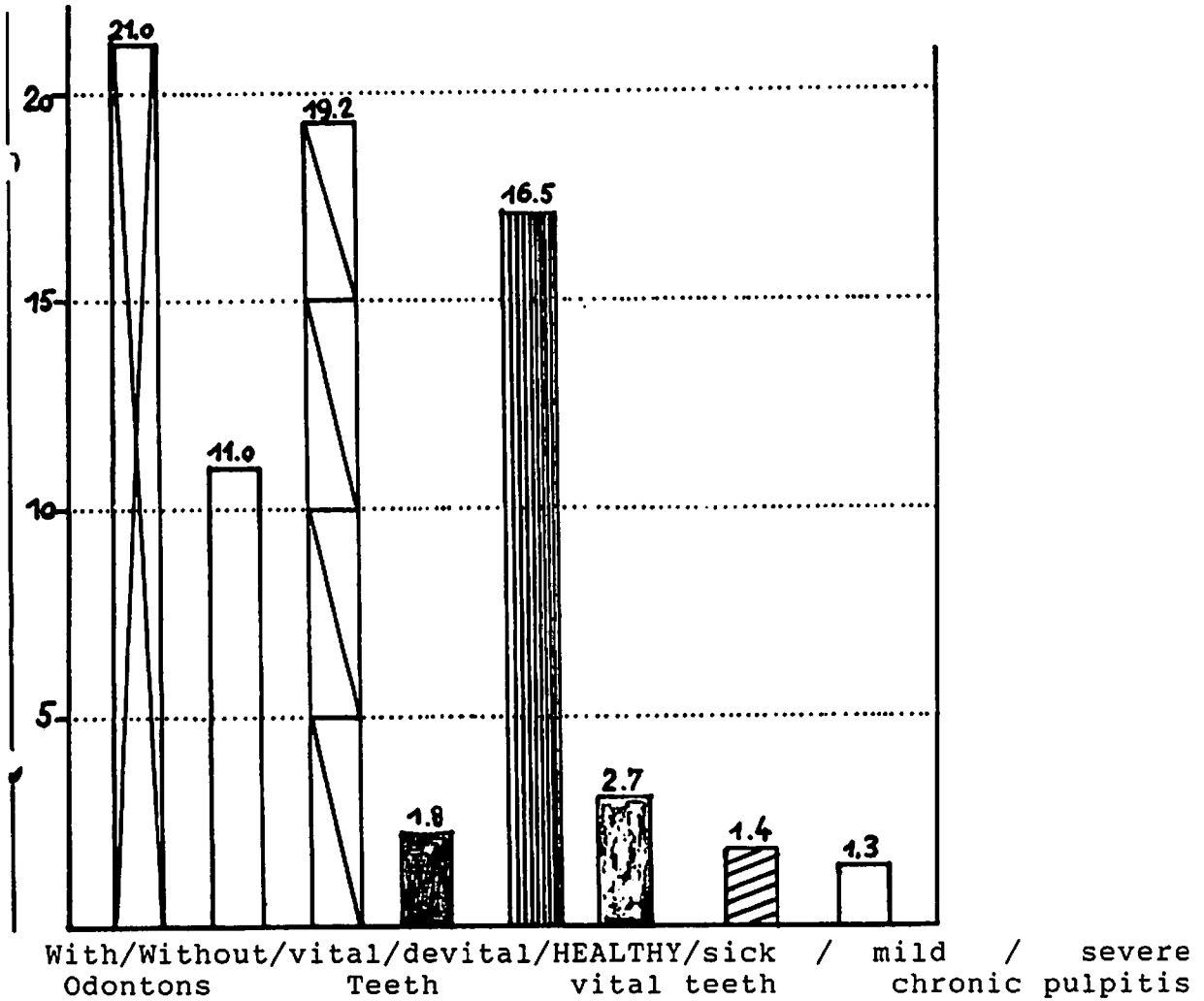
Among the vital teeth, 1,3 had serious and 1,4 had mild chronic pulpitis.

From this examination it is seen that my "average patient" has more teeth with chronic pulpitis, than avital teeth. The ratio 2,7 to 1,8 speaks loudly.

But most of all is shown that, of 19,2 clinically vital teeth only 16,5 were healthy and 2,7 sick.

Thereby one can see the ~~problematic~~^{ing} of the vitality-test and the necessity of a further examination of vital teeth, with the aid of electroacupuncture-test, because the clinical vitality probe

gives only noncommittal hints. Although one can test the reactions-capacity of the pulp with it, one cannot establish whether a tooth is healthy or sick. That is, to date, only accomplished in vivo with the electroacupuncture-diagnosis. Had I examined my focus-suspected patients only by the general clinical means, I would have overlooked a total of 559 teeth - among 3 958 clinically vital teeth - which were stressed in the sense of a chronic pulpitis. This incomplete focus-diagnosis would have been the basis for a correspondingly incomplete focus-therapy.



My Statistic Average Patient Based on 207 Cases