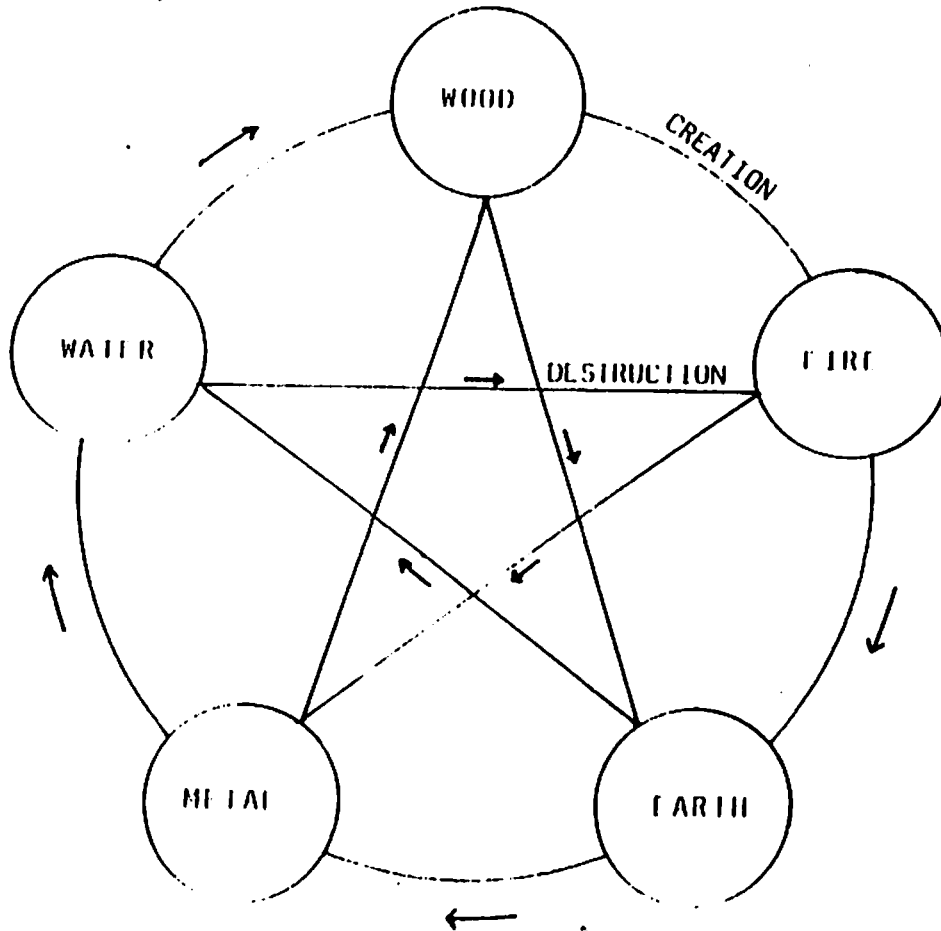


MORA THERAPY and FIVE ELEMENT THEORY



A disease manifested in one organ or point originates from the lack or over-abundance of energy in another organ.

The diagram shows the Five Elements arranged around a circle. The creative force or creative flow moves clockwise. Thus the wood element creates the fire element, fire creates earth, earth creates metal, metal creates water and finally, water creates wood.

The destructive force (checking force) or flow of destruction moves clockwise too, but one element is always omitted. Thus a pentagon is formed. Wood, then, destroys (checks) earth, earth destroys (checks) water, water destroys (checks) fire, fire destroys (checks) metal and finally metal destroys (checks) wood.

Both, the force of creation and the force of destruction, are necessary and vitally important forces. They must be in balance. Every displacement of their balance is equivalent to illness.

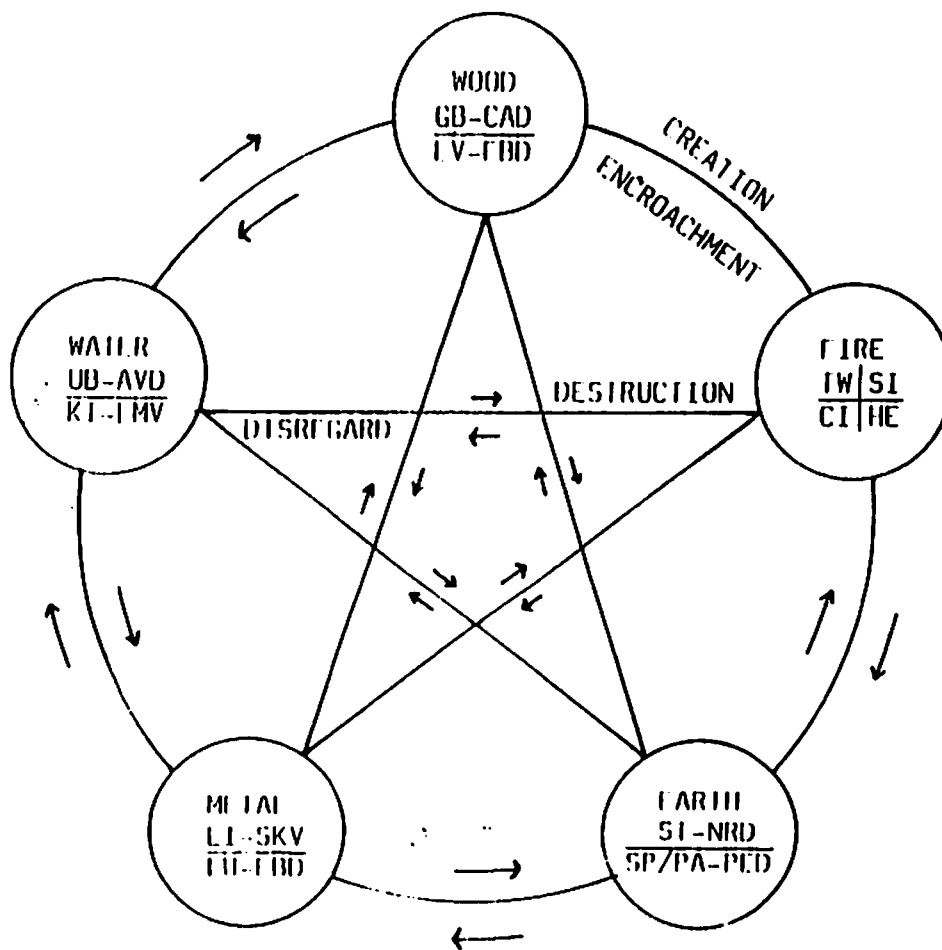
It should be noted that some authors do not use the word "to destroy," but prefer "to hamper" or "to hinder." I adopted the word destruction from the Vietnamese-French author, Dr. Nguyen Van Nghi, who lives and practices in France and is one of the most renowned authorities in the field of modern Chinese acupuncture. Thus, when we use the word destruction, this may well include the same meaning designated by others with the words hamper and/or hinder.

What effect does it have when the two forces are out of balance? Let us take another look at the diagram and assume that the creative force of the wood element is too strong. The result is that the subsequent element, fire, becomes too strong as well, since it is receiving too much energy. Conversely, when wood is too weak and its creative force is diminished, then fire becomes too weak as well.

A similar effect takes place when the destructive force becomes too strong or too weak. Let us take the water element. It has to destroy fire. When it is in proper balance with wood, the fire will burn well. But if water becomes too strong, the fire will not burn anymore and if it becomes too weak, for instance because there is lack of water and the wood becomes too dry, then the fire will burn too quickly and become too hot.

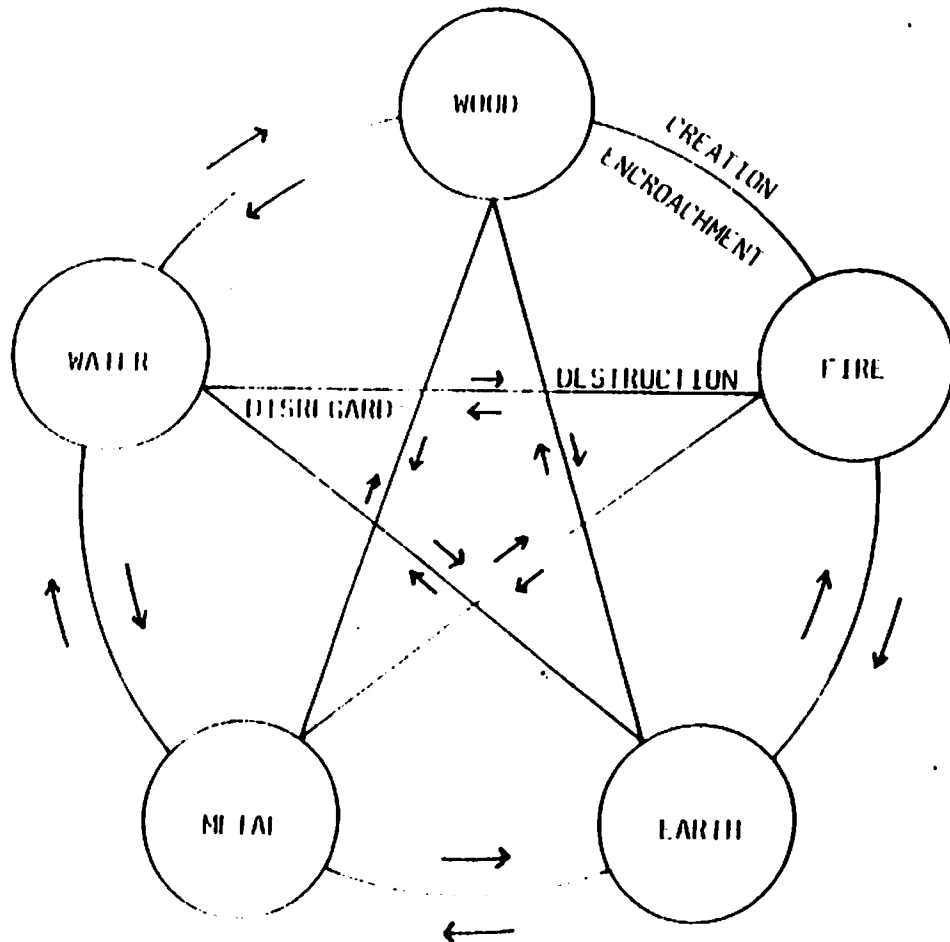
As we can now easily see, the Five Elements influence each other. Each element depends on the energy flow of two other elements of which the one is creative and the other destructive. However, the creative force is more powerful than the destructive.

This figure shows the correlations between elements and organs. The liver and the gallbladder are associated with wood. The heart and small intestine are associated with fire, spleen/pancreas and the stomach with earth, the lung and large intestine with metal and the kidneys and bladder with water.



Now let us return to the example I just mentioned. Wood is too strong, its creative force is too strong and thus the fire element is affected. The liver is associated with wood and the heart with fire. Now we know the effect hepatitis can have on the heart. The gallbladder is associated with wood, the small intestine with fire. We also know the effect of a malfunction of the gallbladder on the small intestine. The kidneys are associated with water. When the destructive force of water is too strong or too weak, the heart is also affected.

There are two other forces which are even more important. When an organ is diseased for a certain amount of time, when it is substantially disordered by the previously mentioned two forces or by a combination of the two, these forces will reverse. They now run counterclockwise and are called encroachment and disregard (insult).



This figure shows these two forces in addition to the other two forces. Wood is now attacked by fire; wood has lost its creative force and so fire begins to act in an illicit fashion against wood. We call that encroachment. Wood has lost its capacity to destroy earth, so now earth acts against wood, disregarding the fact that there should be a force coming from wood. The other elements now, can be influenced in the same fashion by the reversed counterclockwise forces of encroachment and disregard (insult).

The specific feature of therapy based on the Five Element Theory is that the treatment is not applied to the acupuncture points of a diseased organ, but rather to the points of those organs which can be considered to be the source of the illness.

In many cases the illness is not caused by the organ in which it is manifested. The illness is almost always caused by a substantial alteration of energy flows, by the lack or over-abundance of creative force, by the lack or over-abundance of destructive force, or by encroachment or disregard or by a combination of these factors. An example: I once had to treat an elderly lady for persistent diarrhea. Due to this condition she could not eat properly nor did she feel the desire to do so and she had lost a lot of weight. She felt very bad. According to the Five Element Theory, what I had to do was to treat the kidneys (diarrhea = kidney) and not the large intestine as one might have thought. We achieved full success after only three sessions. No medicaments were administered, just MORA therapy via the Five Elements.

Providing one knows what to do and why, providing one knows which organ must be treated in order to cure another organ, MORA therapy is an excellent instrument in the hands of the practitioner. Combining MORA therapy with the Five Element Theory not only leads to better results--more reliable and more elegant results--but also saves time and it saves medicaments.

*The above is a summarized report from a paper presented by Franz Morrell, West Germany, at a seminar sponsored by Occidental Institute of Vancouver, B. C. Full text of the copyrighted material may be purchased from them.

would we care enough to prevent oral disease."

Human husbandry indeed!

This leaves those of us who see that modern dentistry causes and contributes to the very diseases it portends to cure. A very difficult and arduous task, hopefully not a Sisyphean one.

To Be Continued.....

CASE HISTORY - A report utilizing Biological Dental Diagnosis and Therapy

CASE HISTORY

Ms. N.K., a 62-year-old housewife, was referred to me on 10/15/86 by a physician who had been treating her for severe allergies for a two-year period of time. He requested that I remove all of the silver-mercury fillings in her teeth. (see Table 1)

She presented to my office the following health history:

1. From birth until the age of 6 years, she had a history of high fevers which would cause her to convulse.
2. At age 3, she had whooping cough.
3. Prior to starting school, she received vaccinations for small pox and diphtheria.
4. A few months later, she had her tonsils and adenoids removed because of repeated sore throats.
5. During the first 5 years of school, she had bouts with red measles, German measles, mumps and chicken pox. At age 13, she had several serious bouts with flu and subsequently developed a kidney infection which kept her out of school for a period of 6 weeks. She was receiving numerous antibiotics and other drugs during this period. From the age of 14 on, she had recurring colds, flu and nosebleeds.
6. From the age of 35 to 42, she had root canals placed in teeth 6, 7, 8, 12 and 15 along with extractions of teeth 1, 2, 13, 14 and 16.
7. At age 43, she was struck down with severe pneumonia in both lungs. She was hospitalized for 5 days and put on heavy medications for one month.
8. At age 47, she had dental bridgework done along with gold and mercury-silver fillings.

TABLE 1

October 15, 1986 (Initial exam)

N. K.

62 Years

Female

Therapy Dates																	
Recommended Therapy			Ext	Ext	Ext	Ext	Ext	Ext	Ext	Ext	Ext	Ext	OS	OS	Ext	OS	
Foci * = Severe + = Slight			+	+	*	+	*	*	*	*	*	*	*	*	*	*	
Mouth Batteries mv ua nwsec			250 4 170	60 2 120	150 4 180	60 2 80	170 7 360	140 7 150	90 1 70		80 3 100	260 7 300	60 2 60	60 2 60	220 3 480		
X-Ray Findings						RCF	RCF	RCF				RCF				RCF	
Oral Exam Findings			C	C	C	C	C	C	C	C	C	C				C	
Vitality Test			65	70	49				NR	29	52						
Existing Restorations	X	X	MOD (Hg)	FG (G)	MOD (Hg)	PVC (G)	PVC (G)	PVC (G)	3/4 (G)		3/4 (G)	3/4 (G)			3/4 (G)	X	
EAV Test	Max 1xd4	Max 1xd4	Max 2xd3 CP 1xd3	Max 2xd3 CP 1xd3	Max 3xd4 JO 2xd4	Max 2xd4 JO 2xd4	Max 3xd4 JO 3xd4	Max 2xd4 JO 2xd4	Max 2xd4 CP 2xd4	Max 1xd4	Max 2xd4 JO 2xd3	Max 2xd4 JO 2xd3	JO 2xd3	JO 2xd3	JO 2xd3	JO 2xd3	
TOOTH NUMBERS	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
EAV Test	Man 2xd4 JO 2xd4	Man 1xd4	Man 2xd3	Man 1xd4	Man 2xd3 JO 2xd4	Man 1xd4 JO 2xd4	Man 1xd4	Man 1xd4	Man 1xd4	Man 1xd5	Man 2xd3 CP 1xd3	Man 2xd3 JO 2xd4	Man 1xd3	Man 2xd3	JO 1xd4	JO 2xd4	
Existing Restorations	X	X	FG (G)	MOD (Hg)	PVC (NP)	PVC (NP)	X				E (C)	PVC (G)	MOD (Hg)	X	X	X	
Vitality Test			NR	76				20	32	45	73		25				
Oral Exam Findings			C	C	C	C					C	C	C				
Mouth Batteries mv ua nwsec			180 2 80	240 6 380	90 6 380	110 3 170					120 5 70	260 4 110	320 5 270				
X-Ray Findings					RCF Apicc	RCF						RCF Apicc					
Foci * = Severe + = Slight	*				*	*					+	*		*		*	
Recommended Therapy	OS		FGC	PVS	Ext	Ext	Ext	PVC	PVC	PVC	Ext		PVC		OS	OS	
Therapy Dates																	

OS.....Oral Surgery

Ext.....Extraction

FGC.....Full Gold Crown

PVC.....Porcelain Veneer Crown

RCF.....Root Canal Filling

NP.....Non Precious Metal

Hg.....Mercury Amalgam Filling

G.....Gold

C.....Composite Filling

NR.....No Reading

X.....Missing Tooth

Man.....Mandible

Max.....Maxilla

OJ.....Jaw Ostitis

CP.....Chronic Pulpitis

GP.....Gangrenous Pulp

9. At age 46, she had a hysterectomy. She became very anemic post-surgically.
10. At age 48, she had hemorrhoid surgery. Within the next 6 months, she had teeth 18, 19 and 31 removed.
11. At age 49, her allergies became very troublesome. After moving from Wisconsin to California, she was having continual skin tests for pollen sensitivity and finally began a series of injections. At age 52, her allergies were becoming progressively worse. She stated to me, "They only got worse and worse and I was finally going in for weekly shots." She was taking 2-3 very strong anti-congestant capsules daily to dry her nose and throat. After several years of this and after consulting with numerous physicians and specialists of conventional medicine without receiving any help, she decided that she would have to take another approach.

A friend of hers have her some books on natural therapies which she read, and then followed up with using some herbs. After several months of using the herb treatment, it was apparent that she was somewhat better.

Eventually, she found a physician who was doing electrodiagnosis and using ecological therapies. She sought help from him. However, she was unable to completely rid herself of some of the symptoms that were extremely distressing to her.

It should be mentioned that during the last two-year period, she had 3 additional root canals done on teeth 21, 27 and 28. Both 21 and 28 had retro-grade amalgams placed at the root apex.

Ms. N.K. presented to my office the following symptoms:

1. Difficulty of breathing at night. When reclining, she sometimes would gasp for air so forcefully that it would awaken her husband. He mentioned that it was so severe, he would become concerned as to when she would take her next breath. This happened on a nightly basis.
2. A very tired, dragged-out feeling, usually on a daily basis. I noticed during her consultation, she would nod off to sleep if I happened to be answering a question for her husband.
3. The need to clear her throat constantly with the resultant sore throat for no apparent reason.
4. General muscle weakness and discomfort.
5. Headaches.

6. Tics and twitching of muscles on the right side of her face.
7. Joint pain without swelling.
8. Unexplained rashes on her left arm.
9. A metallic taste in her mouth.
10. Motion sickness.
11. Numerous allergies to foods, pollens, chemicals molds, etc.

The following records were taken:

1. Full mouth x-rays.
2. Diagnostic models, mounted on an articulator.
3. Dental examination.
4. T. M. J. examination.
5. Photographic slides.
6. Vitality tests.
7. Electrical mouth battery recordings.
8. CBC and WBC differential.
9. Complete blood profile.
10. Electrodiagnosis as a pre-diagnostic exam.
11. Hair analysis.

A conference was held with the patient to discuss the findings. Ms. N.K. indicated that all the conventional medicine therapies had not been successful, nor were the physicians using biological methods completely successful. It was apparent that in spite of many endeavors, the dental field was all that remained to be considered.

In cases such as this, in order for the dentists to be successful, he must have mastered the technique of diagnosing dental interference fields and focus disturbances. (See Table 1)

The electrodiagnosis indicated the presence of focalized teeth, interference fields in former extraction sites, incompatible dental filling materials, root-treated teeth, periodontal disease, and different metals in the mouth acting as interference fields.

Vitality testing indicated some non-vital teeth. The hair analysis showed mercury to be at 5 ppm, cadmium at 3 ppm and lead at 27 ppm.

The blood tests showed neutrophils at 53%, lymps at 31%, bands at 6%, monos at 9%, and eosinophils at 1%. The sed rate was 15. Alkaline phosphatase was 119, globulin at 2.3, and WBC at 4.1. The blood tests indicated that the immune system was stressed and that large amounts of "battle-oriented" cells were present because of an immune challenge.

(Refer to Table 1)

Note: Voltages and electrical currents in the oral cavity, Kramer's research indicates that any currents in excess of 100mv, 3ma, or 60 nv seconds are excessive and will place undue stress on the Basic Regulative Mechanism in the tooth's meridian.

Note: Kramer's type measurement for each of the individual teeth and spaces.

NOSODE INTERPRETATION (1 X D3 = 1 mg)

- 1 Ampule of D3 = weak strain and weak remote action.
- 2 Ampules of D3 = medium strain and strong remote action.
- 3 Ampules of D3 = heavy strain and severe focal reaction.
- 4 Ampules of D3 = very heavy strain and very extreme focal reaction.

TESTING COMPONENTS OF METALS INTERPRETATION

- 1 Ampule of D6 = strain is present.
- 2 Ampules of D6 = heavy is present.
- 3 Ampules of D6 = extreme strain is present.

ORGAN PREPARATION INTERPRETATION

- 1 Ampule of D6 = normal.
- 1 Ampule of D4 = advanced degeneration.
- 1 Ampule of D3 = very advanced degeneration.

CHRONIC PULPITIS INTERPRETATION

- 1 Ampule of D3 = weak strain is present on the dental pulp.
- 2 Ampules of D3 = medium strain is present in the dental pulp.
- 3 Ampules of D3 = strong strain present in the dental pulp--DO NOT CROWN TEETH
- 4 Ampules of D3 = pulp will not recover: surgical removal.
- 1 Ampule of D10 = tooth has good regulation ability.
- 1 Ampule of D4, 5, 6 or 8 = a tendency to be strained.

GANGRENOUS PULP INTERPRETATION

- 1 Ampule of D3 = pulp is damaged--not suitable for crown.
- 2 Ampules of D3 = pulp is moderately damaged.
- 3 Ampules of D3 = pulp is irreversibly damaged.

Several weeks after the consultation conference, the patient had decided with the help of her husband, minister, son and physician that she would have me formulate a treatment plan for the rehabilitation of her mouth.

My interpretation of all of the tests led me to the following conclusions:

1. Interference fields and focal disturbances exist. These are areas of chronically altered tissues which enclose organic and inorganic material that cannot be removed or metabolized by the body.
2. Testing showed that these active fields were maintaining general disorders to the regulative system of the body. Kellner defined an interference field as a round-cell infiltrate with foreign body giant cells that always extend into the soft, interstitial connective tissue.
3. There are the presences of distant effects caused by the toxic products of decomposed protein coming from devitalized teeth.
4. Dissimilar metals were creating elevated voltages and resistances and excessive energy which were causing remote effects.

After considering the fees for treatment and the possible alternative treatments for the maxillary arch, the patient opted for the removal of her remaining maxillary teeth and the surgical exploration of the edentulous spaces which showed disturbance fields. On the lower arch, the root canal teeth would be removed (#21, 27, 28) and the edentulous spaces (17, 18, 19) explored and surgically cleaned.

Prior to the surgery, the patient was put on a variety of bio-therapeutic agents which consisted of vitamins, minerals, amino acids, herbs, nosodes, potentized homeopathic remedies, combination remedies, intermediary catalysts and organ preparations. She took the above preparations for 3 months prior to the surgery in order to balance the meridians and eliminate some of the more potent toxins using the Pascoe Toxicity Rules.

The upper arch was treated in two separate sessions, separated by 9 days because of the 21-day cycle of the immune system. A stayplate was inserted after the first extractions and a full

maxillary provisional denture was done after the last extractions.

After the teeth were removed and the bone cleaned, the surgery sites were tested with stimulation current and the lymph I point balanced with an ampule of D6 maxilla organ preparation. This was done after the point was balanced with the proper tonsilla palatina organ preparation ampules, prior to the stimulation test as per EAP according to Kramer. Before final suturing was done, the sockets were injected with mixtures of Omega 3, Omega 6, Vitamin E and Traumeel Salve. Upon final closure, the oral acupuncture points for the surgically treated areas were injected with Traumeel, Choline, B-12 and homeopathic Procaine. Then a thin, soft layer of Bees Wax was placed in the provisional denture which was then seated.

On subsequent visits, the lower arch was treated in similar fashion.

Within 36 hours of the last surgery, the patient had complete resolvment of her most troublesome symptoms, namely the difficulties with breathing and not being able to sleep through the night. Her throat remained clear and she had no further need for allergy medications or injections. Her endurance has increased to such a point that mid-morning and mid-afternoon naps are a thing of the past.

She now works as a volunteer in rest homes, provides musical entertainment in the evenings at the rest homes and on weekends she entertains at a restaurant. Her tic and twitching symptoms have completely disappeared and she is no longer bothered by headaches or rashes. Needless to say, the metallic taste in her mouth has disappeared and she claims to be symptom free.

She ultimately has had a maxillary denture done, the remaining lower teeth crowned and a precision gold partial made. All of the materials used in her mouth were tested prior to fabrication to make sure they were compatible in terms of allergy and toxicology.

Specific details of the methodology of testing and prescribing were not presented in this paper but will be discussed at the 3rd Annual Meeting of the AMERICAN ACADEMY OF BIOLOGICAL DENTISTRY.

I have used the example of this patient to show how the dentist must be included in the team process in securing diagnostic data when patients are in search of complementary medicine to help them resolve serious health problems.