Carmel Presentation: 10/93

In the last decade there has been a resurgence in the over-all health movement. As the health of the individual deteriorates and the cost of sick care escalates, the citizens are rightfully perplexed. Physicians are seeing a wide variety of people who present themselves with symptoms and illnesses that are unresponsive to their treatments. The patient becomes perplexed as the course of their treatment unfolds with numerous visits, long waits in the reception room, and an infinite number of prescription changes with no physical or emotional betterment. This state of affairs causes the patient to look for different avenues of treatment.

Physicians who have incorporated naturopathic and probiotic therapies into their arsenal have been able to deliver a higher rate of success in a shorter period of time and at a much lower fee and and with a far more gentle and .elegant therapy. However, these probiotic physicians must also incorporate the assistance of a wide variety of other helpers in the health field if they are going to succeed with their complementary therapies. These associated health providers must be extremely skilled and well versed in the application

and use of the most up-to-date probiotoc principles in their own arena of practice. Each practitioner should have a free and open line of communication and understanding with all other allied practitioners who may be treating the patient concurrently. All too often, whether it be in the discipline of allopathic medicine or naturopathic medicine, the practitioners either on his/her own accord or at the patient's persistence, often begin treatment in mid-stream before "all" the variables are known. This could be detrimental to obtaining good results.

In this paper I will report on the state of biological or probiotic dentistry as it is being practiced in Germany, especially in regard to the evaluation and use of homeopathic formulations prior to treatment such as, using a dental handpiece during restorative procedures, the the removal of root canal filled teeth or diseased teeth in general, as well as boney cavitations both pre and post treatment. Before this is done a little background information is in order.

The physician ought to seek the referral of a probiotic dentist after having had an initial appointment with his/her new patient. It is rare in today's environment that any patient has not had some sort of dental history. It is inconceivable that

today's adult patient could escape the ravages of their refined life style and not have some dental complications, especially the patients who present themselves to the physician with a vast array of symptoms that do not fit any disease or syndrome. These dental complications may include the innocuous removal of wisdom teeth or perhaps "just" a few fillings. Perhaps they have had a root canal or two. Maybe they have had a root tip left in some part of the jaw bone. On the other hand, they could have had a few other teeth removed and had some removable bridges or fixed bridges cemented onto their teeth. They might be wearing dentures after having had all of their teeth removed. Some teeth may have had third or fourth generation fillings in them. These teeth may be asymptomatic or they may react with pain when eating or drinking. Periodontal disease may be present in various parts of the mouth. The occlusion of the teeth and the position of the mandibular condyles may be out of balance. Wouldn't this have an effect on the motor and sensory nerves that must transverse through or near vital structures associated with this craniomandibular complex? Could any of these dental possibilities have an effect on the health of the individual?

With the development of cybernetics by Professor Weiner

in the 1950's and followed by Prigogine's theory of thermal dynamics in an open energetic system, the foundations for pro-biotic and biological medicine was being formulated. Prior to these developments, the thinking was that these biological systems of the body were linear. Not so! Since the Galilian Revolution in the 1600's, the discipline of medicine approached reality and specific questions about illness with a thinking that was quite linear. It was basically a cause and effect relationship. However, allopathic's "big daddy, Rudolph Virchow, in 1862 established his theory of Cellular Pathology. His theory was based on the premise that "EVERY" disease is determined by the cells. It is based on morphology. Disease was in the cells and the process was a localized problem. Increasing knowledge of the ground substance (The Basic Regulative System) is making it clear that Virchow's traditional view of the cell is an abstraction that is no longer up to date and is in dire need of a major paridigm shift. Pischinger and his outstanding collection of scientists at the University of Vienna Medical school presented in mass, their careful research and theories on the basic regulation system in 1955, to the Congress of the German Society for Focal Research. In essence they stated that the Basic Regulation System is the non-specific sounding board for all stimulants, irritations, and intoxications from the

environment such as live pathogens, chemical substances and physical influences. This Basic System also controls the basic function of life (Ph, redox potential, sugar and protein metabolism, oxygen utilization and regulates and protects the genetic structures. Professor Hartmut Heine who currently has a research team at the University of Witten in Germany had his book MATRIX AND MATRIX REGULATION translated into English last year. He has further substantiated Pischinger's work. Thus the allopathic model of Cellular Pathology needs extreme modification as well as modernization. Its usefulness certainly must be carefully questioned. As a result of the research on the Basic System these processes (Acid-Base balance, Redox Potential, etc..) were now viewed as being highly crossed - linked and are subject to a steady state and were able to exchange energy and materials with their surroundings. These biological systems have their own dynamics. It begins with an interruption of normal functions. These interruptions are both cybernetic and energetic. Every cell as well as the mesenchyme has the address, phone number and fax number of any other cell whether it be in the mesenchyme or in a specific tissue or organ. It affects the humoral, hormonal and the neuronal regulatory system before any morphological changes are ever seen in the cells.

However, school dentistry and medicine are not taught or practiced that way today. Dentistry and medicine is nearly governed 100% by Virchow's cellular pathology. For example when a patient arrives at your office with a complaint or several complaints one of the first things you do after listening to the patient is to take X-rays. Your diagnosis and therapy is geared to the elimination of your patient's complaints, but to do so you must find the morphologically altered tissue. The only other aids available to the dentist in searching out a pain problem with a single tooth or several teeth are inspection, palpation, percussion, the application of heat or cold to the suspected teeth or a vitality test. The diagnostic aids available to dentist are nearly Neanderthal because they are based on Virchow's Theory of Cellular Pathology. How many times have you used a pulp tester to check for a painful tooth or teeth in one of the posterior quadrants that the patient can't localize and looked at an X-ray that doesn't reveal any widening of the PDM or a break in the lamina dura, nor a radioleucency or opacity? If all the other before mentioned tests are inconclusive as well, you might adjust the occlusion in centric or in the working and balancing excursions. However, if the tooth still hurts and the

pulp test value is within range, you as well as the patient, are perplexed. Frequent and familiar possibilities are pain killers, antibiotics, or you might instruct the patient not to chew on that side of the mouth or on the tooth for awhile. You could scare the hell out of the patient by saying a root canal has to be done if it keeps hurting. How about saying, "I guess you're going to have to live with it,"

Pulp testing is always an "iffy" proposition at best. When a value is reached that the patient can feel, if it is within range of the manufacturer's specifications the dentist says, "The pulp is still vital.". However, the term "vital" is arbitrary . The pulpal mesenchymal conntective tissue in the tooth can exist in varying degrees of inflammation, have varying retrogressive changes taking place in the pulp or even have a state of necrosis present as proteolytic enzymes attack the very core of the tissue. "Semivital pulps" showing clear histological evidence of proteolysis or tissue decomposition have been extirpated from teeth that tested in the normal range on the pulp test. This could present enormous problems for both the dentist and the unsuspecting patient. Why one may ask?

An enormous number of telephone calls are received from

patients who want their mercury-silver amalgam fillings removed. The opening comment from this patient usually is, " I've heard that silver fillings are not good for you and I want to have them taken out." The office representative must question the patient as to why they want to have this done. They will then respond with a variety of comments such as:

1. "I have Epstein Barr Virus and I heard it will cure that".

2. "I have been diagnosed with Chronic Fatigue and my doctor told me that I need to get the amalgam out of my mouth."

3. "I have arthritis. My chiropractor told me to get my fillings out."

4. "I have always had allergies. Nobody can seem to find out what to do about it. I have heard that I should get my mercury out."

5. "I have just been diagnosed with Multiple Sclerosis. I read somewhere or saw something on television that said mercury fillings will cause M.S."

6. "I have a lot of stomach problems. The doctor did a lot of tests and says I have Crohn's Disease. He says I have to have surgery. I am really afraid of having this done. My wife read an article in a health magazine that mentioned silver fillings could have an effect. I don't see how this is possible but I really don't want to have surgery."

7. "I was out to dinner with friends the other night and they said that they had heard that root canals were bad for people and that they were going to have their root canal teeth taken out. This seems kind of weird to me. What can you tell me about this?"

8. "My friend told me that she had come to your office and you had gotten some of her mercury out and she was able to conceive a child which she had not been able to in the past 10 years. My husband and I have had the same problems and he wanted to know more about it."

9. "I have been having a lot of problem with mental distress, memory loss, terrible depression. I have been afraid I was getting Alzheimer's Disease. Could it have anything to do with the fillings in my mouth?"

10. "I am always anemic, despite anything I do. My friend told me that I should see you about getting my fillings out."

The potential for great difficulty for both the patient and the dentist exists. The subject of dento-legal matters is not purpose of this paper in regards to efficacy of treatment but rather the efficacy of providing treatment to a specific tooth or teeth. The above requests which we hear on a daily basis are the result of desperate patients who don't feel well and probably haven't felt well for years or decades. They are looking for the proverbial "MAGIC BULLET". They have seen a dozen or more physicians who have provided countless tests which at times provided for a diagnosis but often the results are inconclusive. These patients are frustrated , correctly so! They are referred to a psychiarist who tells them, "I guess you're going to have to live with it".

Many times the mercury silver amalgams have been in place for a decade or more. Some teeth have been refilled a time or two or three. Patients do not even know which ones have been filled a few times or not, unless it is a crown. The teeth may look all right, not hurt and are basically comfortable.

Then after the removal of a filling or fillings and the placement of a new restoration (s) e.g., composites (office or laboratory cured), inlays, onlays, crowns , heat or cold sensitivity often developes and could be long term. This can and often does lead to an unwanted root canal or tooth removal. The new materials have been tested for compatability there isn't a problem there. The occlusion is fine and the contacts are superb. What goes? The dentist gets nervous and the patient is increasingly agitated. A tenuous situation now exists. It is the rare dentist who has even done a pulp test. If he has, he will say, "It was OK when I filled it. I think we should let it sit a little longer. You know, all newly filled teeth hurt at first". This hopefully may be the case, but neither the dentist nor the patient really know and they are both hopeful that this is the case. If this scenerio continues with pain being exhibited for a prolonged period the patient becomes unhappy. An unhappy patient can seek legal or board action. This is the worst case scenerio for the dentist. I'm sure there are a few of you in the audience who may be experiencing palpatations now or whose palms or underarms are a little moist at the mere mention of this case scenerio.

The best way to not even get into this sort of predicament or certainly minimize its occurrence is to use electro-dermal

screening prior to developing a specific treatment plan. Dr. Fritz Kramer of Nurnberg, Germany developed such a test which he calls BFD testing. We call it Bio-Functional Regulation screening in our office. An EAP instrument is used for the evaluation. The acupuncture meridan used to evaluate the individual teeth is the lymph meridan (called the LMV) which is located on the medial or radial aspects of each thumb. The American Academy of Biological Dentistry has videos, audio tapes and written materials on the exact technic on performing the test. Members of this group perform these test on a routine basis in their offices and should be helpful.

A brief explanation of the evaluation is as follows: The basic value, the Kramer "turn-around" value is found using the Palatine tonsil point , LMV 1. 1 rather than the classical Voll LMV 1 because the point blends itself well for repeated testing which is necessary at this point for all the teeth and it holds up much better than the classical LMV 1. Thus the turn around number is most crucial to obtain because each patient can have differing values on each side of the body depending on the condition of their tonsils or lack of tonsils. They may present with chronic or acute problems, degenerative or inflammatory in nature, so using the standard Voll 50 value on the meter is

"Verbotten" here as we need to be very specific so as to attest to the regulation capabilities of each individual tooth present or where a tooth once existed, when it is stimulated with a low level of current.

Once the number is found, then in a systematic manner the lower right quadrant, the upper right, lower left and upper left quadrants are evaluated in order, and a careful chart is kept for each tooth. After careful explanation to the patient a low level current is applied by an intra-oral probe connected to the EAP instrument. Enough current is applied to the apex of the lower right central incisor so the patient can feel a slight tingling sensation. When the LMV 1.1 point is now tested the meter may read 68. Than a homeopathic vial of the organ preparation mandible D6 is placed into the test plate which is also connected to the EAP instrument. The test plate already holds a vial of the palatine tonsil which balanced the patient's LMV 1.1 point to the correct turn around number. In this case, say it is a D4 palatine tonsil which gives a value of 53. What you want to do is now balance the point to 53 again. Suppose you put a vial of D6 mandible into the testing well but the reading didn't go to 53 but it went to 60. You would replace the D6 mandible with a vial of D5, and if the reading would go to 53 when the LMV 1.1

was tested again you have reached the correct turn around number. If the original starting number of 53 was not reached, one would continue placing a lower potentency of the Organ preparation mandible, e.g., D4, D3 and then multiple vials of D3 until the orginal turn around number was reached. The more vials it takes to reach 53, the more stress is present. This means the pulpal and periapical mesenchymal connective tissue is compromised in terms of regulation capabilities. So what one is doing is quantifying the amount of stress present,

If one vial of D3 balances the point it is considered a weak stress. Two vials would be considered a medium stress and 3 vials would be a strong stress. Then one checks to see if the stress present is the pulp or the periodontium. Nosodes are then used to recheck the degree of degenerative process present. The amount of stress present then determines the regime that one would follow before the teeth are operated upon.

Before any fillings are removed the patient's serum has been evaluated for compatibility of all the different classification of products that may be used. After the compatible products are known, the materials are evaluated

with the EAV unit both qualitatively and quantitatively. The latter is extremely important when the patient exhibits a wide variety of allergies to foods, environment, etc..

Any tooth that will be surgerized with a dental handpiece for a new or replacement filling that that was balanced with either a vial of D5 or a D6 exhibits good regulation tendencies. However, if the tooth tested at D4, D3 or 2 X D3, the tooth or teeth would need to be treated with homeopathic formulations prior to treatment because the pulpal mesenchyme shows regulatory rigidity. If these teeth are treated with a dental handpiece there is a strong possibility that the pulpal mesenchyme regulatory ability will further decline. This could result in clinical pain in teeth that had never had pain before or a non-vital pulp in due time. Teeth with regulation dysfunction can and do have energetic effects on the bio electric energy package of a meridan. Previously I mentioned that the Basic Regulation System is a Bio-Electric open energetic system. I would like to further add that disturbances in the BRS are regulated by 3 poles. The ground system is connected to the hormonal or humoral pole via the A-V Anastomoses, capillaries, adrenals and the pituitary gland. The neural pole is connected via the autonomic mesh off vegetative nerve (Para and

sympatheic) plexes and its subordinates the hypothalmus and the central nervous system. And the 3rd pole, the cellular arm is connected via the fibroblasts, the immune cells and the cells of the reticuloendothelial system. So you can clearly see that the higher regulation centers can be influenced by changes in the ground system. Thus if a tooth has a chronic pulpitis or osteitis around it, it can be a source of disturbance to the ground system. Thus any fluctuations in the ground system will send messages to the higher centers as well as the rest of the body. A side point here is if you do not yet have the tooth relationship energetic charts for your office that the American Academy of Biological Dentistry is selling, consider buying them, as they throughly and vividly demonstrate these relationships. These teeth are treated in the following manner. First a sterile multidose dispensing vial (50 cc) has been filled with the following formulations:

1. Two Vials ..... Mucokehl (Sanum)
2. Two Vials.....Nigersan (Sanum)
3. Two Vials.....Organ Preparation Mandible (Wala) D3,4,5,6,
4. Two Vials.....Organ Preparation Maxilla (Wala) "
5. Two Vials.....Organ Preparation Dental Pulp (Wala) "
6. Two Vials..... Organ Preparation Dens (Heel) D4-D200

7. One Vial..... Xyloneural (5cc)
8. Two Vials.....Pulpitis Nos.(Stauffen) D3,4,5,6.
9. Two Vials.....Osteitis Nos.(Stauffen) D3,4,5,6.
10. Two Vials.....Pefrakehl (Sanum) D6
11. Two " ..... Sileca Compositum (Wala)
12. Two " ..... Sanuvis (Sanum)

If the tooth exhibits regulatory rigidity, it should be treated with the above formulation prior to treatment. This formulation includes nosodes to cleanse the pulpal mesenchyme, organ preparations to where the nosodes are primarily directed and to support the diseased tissues. The Sanum preparations increase circulation and provide a form of symbiotic micro organisms. The Wala preparation supports healing and pain control. Each tooth should have 1/2 cc of the mixture injected into the mucobuccal fold opposite the tooth near the apex every 4-5 days for three weeks. The Kramer Bio Functional Regulation Test should be repeated to evaluate the results. If the degree of improvement isn't realized the same series of injectiuons can be repeated. It is permissible to have the patient take daily doses of the nosodes and organ preparations during the interim. If the teeth to be operated on tested at D5 or D6, are to receive optimal therapy they usually

only require one injection prior to the appointment when the teeth are prepared for restoration. After the old restorative material is removed , as well as any base cements and decay, the preparation is cleansed with a dilute solution of hydrogen peroxide (H2O2). A mixture of Sankombi (Mucokehl + Nigersan) D5 is placed in a dappen dish. This mixture , when applied to the tooth will provide a formulation that increases the micro circulation in the pulp and stimulates the activity and number of cells involved in the immune response. A cotten pellet is saturated with the mixture and the pellet is rubbed against all the dentin for at least two minutes. Then a low level laser therapy unit is used for two additional minutes right on the preparation. This unit has a laser wave length of 830 nM at 40 milliwatts. The energy will oxygenate the blood and increase miceo circulation. If the tooth didn't have regulatory rigidity one would proceed with the usual preparation and restorative procedures. If the tooth shows rigidity, it is temporized. If a base cement filling is to be used, a wet cotten pellet of the Sankombi mixture is sealed in the tooth under the base cement temporary. If an acrylic provisional is used , part of the acrylic can be removed and wet cotten pellets placed on the dentin in several places and the provisional cemented with a suitable cement. Prior to the cementation a cotten pellet saturated

with myrrh (Wala) is rubbed on the dentin for 30 seconds. Its action as an internal antiseptic, acting on the lymphatic system reduces discomfort. Upon completion of the appointment the homeopathic formulation from the multi dose mixed injection vial is injected into the mucobuccal fold and the oral acupuncture point relating to tooth or teeth treated. Approximately, 1/2cc is used for each tooth. In the case of the teeth with regulation rigidity, especially if they had readings of D3 or two vials of D3, they should be injected every 4 or 5 days for an additional two to three weeks after the operative appointment. EAP evaluations should follow a month later to access the anticipated improvement. Once the Kramer readings have improved to one vial of D4, restorative procedures may proceed with the liklihood of having pulpal mesenchymal tissues that are much healthier. At the repreparation appointment for the long term restoration(s), the above mentioned procedures are followed in the same manner as teeth without regulatory rigidity. After completion of the preparation whether it be for the interim therapy or after regular preparation, many times we also inject a mixture of:

1 Vial of Traumeel (Heel)

1 " " Silicea Compos. (Wala)

1 " " Sankombi (Sanum)

1 " Pefrakehl (Sanum)

into the mucobuccal fold after treatment on the tooth has been completed. Prior to this injection, 1 vial each of Sanuvis (Sanum) and xyloneural (a lidocaine neural therapy solution) are injected in the same area. We try to do this at least 10 minutes prior to the injection in order to repolarize the tissues and return the acidic pH to a more optimum level (alkaline) so that the mixture will be more effective. The above mixture is used in addition to the mixed injection. It acts like a booster dose!

If a patient is going to have root canal treated teeth or other teeth which have been determined to be a focus or field of disturbance removed, as well as cavitations or and residual osteitis operated, it is very important to have a thorough understanding of the overall regulation ability of the patient's basic regulation system.

The probiotic medical physician and the dental physician should not be satisfied with using only accepted laboratory tests (SMAC, CBC, WBC Differential, Immune Panel) to derive a

diagnosis when a seriously compromised patient is to be treated with dental oral surgery. These tests do not accurately guage the patients usual and customary current physiological or pathological status or give information about the nature of the functional immune response. Functional tests are needed to demonstrate good health or the progression of disease. I like to have the medical physician run either or both the Bio Electric Vincent (BEV) and the functional leucocyte test. Professor Vincent of France, an agronomist, developed the BEV test to measure the condition of the terrain or cell meliu of the body, using saliva, blood and urine and evaluating the pH, the Redox potential and resistence. The brilliant Professors Pischinger and Kellner from the Vienna team , scientifically proved that the Basic regulation system controls the basic functions of life. Professor Bergsmann, additionally discovered that both sides of patient's body do not necessarily respond identically when tested or react the same way when surgery is done. The response was affected by the degree of focus or field of disturbance existing at the time of the test or operation.

For Pischinger a focus meant chronically altered tissue area which causes remote disturbances of a general and local kind. Scheidt used the term disturbance field where a region is

disturbed. But since the word is ambivalent and does not distinguish between a field which is disturbed and one that causes a disturbance, Huneke therefor used the term interference field to mean where a pathologically changed tissue region produces a disturbance via the nerves, when it causes a remotely located disease. I prefer Peter Dosch's definition: summarized: An interference field or focus produces a change in the cell environment and hence in the reactive capacity of individual organs and of the organism as a whole. Where there is a hereditary or acquired organic predisposition, this can result in illness due to an interference field or focus. We should be indebted to these giants for giving us the proper parameters and for developing appropriate and meaningful methods. When a surgery is initiated the first reaction of the body is a parasympathetic response and follows with a leucocytosis. In this phase the leucocytes begin to parish. This results in lymphokinin production, which calls forth a reversing effect in the body. Consequently the reaction turns from parasympathetic to sympathetic-lymphatic. Hans Selye used the labeled the process as Shock and Counter shock phase. These switch-over process in the basic tissues with the humoral/ hormonal, nerval and cellular poles as parameters were made visible with the development of the LEUCOCYTE-

TEST. This test allows one to recognize the regulation sequences and define if a surgery ought to be done now and or what special preparations are required firsthand.

LEUCOCYTE TEST PRINCIPLE:

On a patient in the morning (empty stomach) 2cc of blood is withdrawn from both the right and left anticubital vein. Then 1/2 cc of Elpimed is injected back into the anticubital vein, right and left. A leucocyte count is done on the withdrawn blood. Right and left arm count is done separately. The needle prick causes the parasympathetic reaction. The Elpimed on the other hand, activates the entire defense system. In other words, the anti-shock phase is initiated. This is the switch over. From shock phase to counter shock phase. Elpimed, also known as Factor M are long chain triple conjugated unsaturated fatty acid derivates made from the serum of stressed race horses.

After one hour, blood is withdrawn from the right and left ear lobe. Another count is done. This is R1 reaction value. After waiting an additional 2 hours blood is taken from the right and left finger tip (ring finger). Another count is done. This is called R 3 (3 hours after the Elpimed injection). Bergsmann

discovered that the focus process can proceed unilaterally and is side concordant. This means that the blood profiles of the two sides can diverge greatly. From this one can ascertain which side of the body carries the burden.

Another helpful test is the BEV. This test enables one to look at the biological age of the patient so one can compare it to the patient's chronological age. The value known as the energy point, if it is below .55, is indicative of an active focus or disturbance. Saliva , blood and urine are evaluated in terms of Ph, redox potential and resistance. The excretion ability of the kidney can be determined and the ability of the ground system to detoxify as well. It is an overall excellent parameter of the condition of the ground substance or terrain.

DISPLAY: Slides/ Overheads of the various possibilities of reactions, intrepretations.

NORMAL BODY REACTION:

In a normal response the WBC count has a starting value of 5500 plus or minus 500. In response to the needle prick and the injection of Elpimed the WBC rises approximately 10-15% to

about 6000 to 6500 and in the ensuing 2 hours of counter shock phase it will drop back the beginning value . Variances of 300-500 are meaningless. We would expect good wound healing when this patient under goes oral surgery and focus elimination. The following typical products, both American and German are started at least 5 days prior to surgery) and continued for two to three weeks after.

Lymphohepat.....(liver support, LMVdrainage) BioE
Toxicleanse.....(drainage, Bl, Ki) BioE
Body Mend.....(aids wound healing) BioE
Bone.....(pain, bone formation) BHI
Silicea comp.....(pain, bone formation) Wala
Traumeel.....(pain, healing) Heel
Vitamins; A, C, E
Minerals: Calicum, Magnesium, Zinc, potassium

Once the surgery is completed and the wound is sutured saliva tight the following remedies are injected into surgery site:

Sanuvis (Sanum)
Nigersan "

Mucokehl "

Traumeel (Heel)

Organ preps. Maxilla and or Mandible; Bone Marrow (Wala)

DNA (Stauffen)

RNA "

Low Level Laser Therapy Unit dispensed for home use.

Return next day for injection (use anesthetic and Sanuvis, 15 minutes before the other vials are injected).

DELAYED SHOCK & DELAYED COUNTER SHOCK PHASE REACTION

In Delayed Shock Phase the value only rises in the counter shock phase and remains in the shock phase nearly unchanged. In the Delayed Counter Shock Phase the reaction is much like the normal response, except the 3 hour value does not return to the starting value which was rather normal to begin with, but stays elevated.

This means that there is an obvious focus load! Check to see if it is the right or left side. Pre treatment EAP and BFD

testing results need to be evaluated to determine the dominant focus e.g. which jaw segment has the biggest osteitis? This patient must be properly prepared before one inaugurates focus cleansing in order to minimize disturbances in healing.

As with the normal response, the same remedies are used but in this case they are used a few weeks prior to surgery rather than a few days. Additionally, nosodes, Immuno Stimulation formulations as well as colloidal suspension of micro organisms are used. If there are multiple areas of disturbance or focus fields you must first determine which is the dominant focus. Neural therapy, Vega and EAP testing are all viable technics used to determine these hidden infections.

Spenglersan / Poly San

This is a group of colloids gathered from the serum or blood of animals that have been injected with specific pathogens or their toxins in the biological structure of the metabolic happening. The Poly Sans are directed to the origin of diseases and only indirectly to the symptoms. These colloids are specifically charged, produced under sterile conditions, raised to the 9th power of dispersion. They contain antitoxins

and lysins. The latter have the capability of loosening the surface of the bacteria and opening them up for the antitoxins. They are nonpoisonous and non-damaging because of special heat treatment, but are none-the-less in a position to create immunity. The means of application by rubbing into the skin, their non-poisonous nature and the high dilution percentage make them basically different from other kinds of vaccines and serums. The antigens stimulate the body to form its own antibodies, thus equates to an active immunization. They also bring to the patient already existing antibodies through their immune components. Thus, one can also speak of a passive immunization. Electro dermal screening, along with the agglutination test on a microscopic level are acceptable methods of selecting the useful colloids. Those who have a microscope find them very useful for the selection of the proper colloids.

Poly San K

This colloid is especially useful when there is regulatory rigidity. It has a polychrest character and has proven excellent as a basic therapy for treating chronic illnesses. It contains a strong stimulus toward creating antibodies and is particularly good in circulatory disturbances and allergic illnesses. It is

used as the formulation of choice for unblocking ground system rigidity when the Functional Leucocyte determines that the patient has altered shock and counter shock phases that would alter wound healing. This formulation is not used until the results of the Spenglersan tests are performed, especially the ones for Poly San D and Dx, which are used to define or locate the presences of focus.

Composition:

1 Ml contains: antigens raised to the ninth power developed from:

Streptococcus lanceolatus
Staphylococcus aureus
Diplococcus pneumoniae
Antitoxins D9, created from the above named strains.

Dosage: rub 5 to 10 drops two to three times daily into either the inside of the elbows, thighs or around the skin of the stomach. If the patient is very rigid, begin slowly by using 5 drops once a day, the working up the dose.

Results: Majority of patients will show an increase of T lymphocytes and T auxillary cells within 2 hours of the application.

After the patient has been on this remedy for approximately two to three weeks the remedy should be tested with the EAP unit and a Poly San test performed. For the latter a drop of the patient's blood is mixed with a drop of Poly San K on a glass slide. After 5 minutes observe the slide. If agglutination of the mixture is present, determine if it is improved over the initial results or if the results are the same. One must see an improvement before one considers a surgical approach.

+++ = Very high & coarse accumulation is a strong agllutination process and a high antibody titer.

++ = Coarse to medium accumulation, means medium antibody titer.

+ = Fine accumulation, fine lumping, means a weak agglutination process and a weak antibody titer.

0 = No agglutination.

One can begin focal therapy / santization procedures when there is a weak antibody titer and expect a good healing response. Thus the patient with delayed shock phase reaction or the delayed counter shock reaction can begin successful treatment.

THE BIG PROBLEM

The big problem in diagnosis and treatment of chronic osteitis is the ability to locate the focus, infection, interference field. The traditional approach as taught by school medicine is by visual inspection, radiographs, patient complaints and palpation. If teeth are present a pulp tester can be used. However, if a tooth gives a "normal" reading and the X -ray does not show a break in the lamina dura it does not rule out the presences of an early periradicular lesion. Radiographic evidence lags behind the actual degree of tissue destruction. It is estimated that at least a 30-60% loss of minerals from bone is needed to make the lesion become visible on the radiograph. The supporting bone that surrounds the alveolar proper of the tooth socket consists of facial and lingual cortical plates of bone and the trabeculae between. The literature indicates that if the bony lesion does not encroach on

the junction between the cortical bone and the cancellous / trabecular bone, it will not be visible on the radiograph. Thus it is often difficult to find these lesions! However, Dr. Carl Spengler the brillant innovator and scientist, developed two Spenglersans or Poly Sans that are most helpful in testing for localized infections in teeth or alveolar bone in the absence of teeth. Chronic foci in the area of the sinuses, teeth and tonsils may not have obvious clinical symptoms but are manifested by general symptoms such as depression, headaches, moodiness, tiredness, etc.. He developed these formulations, Poly San D and Dx as focal diagnostic aids.

Poly San D

Composition:

Antigens raised to the ninth power developed from:

Streptococcus haemoliticus
lacticus
pyogenes
viridans

Staphylococcus albus
aureus
pharyngis

Diplococcus lanceolatus

Mycobacterium tuberculosis typus bovinus

Areas of Use:

Testing of all localized infections:

Teeth

Tonsils

Sinuses

Gall Bladder

Appendix

Prostrate gland

Adnex areas

Method:

Schedule the patient for the first appointment of the day. The patient must not use any analgesic medicines, either allopathic or biological or at least 12 hours. They should not wear any jewelry on hands, fingers, neck or ears. Before any remedies are rubbed in, a manual examination should be done, checking for pressure sensitivity of the teeth and any edentulous spaces. If areas of sensitivity exist they should be noted. Have the patient rub a total of twenty drops (sometimes a total of 40 drops are used at once, your clinical experience

will tell) of which 5 drops (use ball of the thumb) a drop at a time are vigorously rubbed on both the right and left sides of the neck below the angle of the mandible into the anterior cervical chain of lymph nodes and into the delicate skin areas on the inside elbow bend. In the elbow area the vessels lie near the surface and the area is transversed by the lymph meridan. It originates at the outer thumbnail corner and moves along the ball of the thumb. The colloidal material will be deposited over the reflex area of the lymph organs and the lymph meridan of the opposite body side through the thumb ball of the rubbing hand. The rubbing should be done vigorously until the skin turns red. Sources of infection will be revealed through pain and sensitivity. An infected tooth/ teeth will begin to ache and become sensitive to 1. touch, 2. heat, 3. cold. An edentalous area will become painful. Tonsils react with signs of beginning infection. If sinuses are infected, a typical pressure feeling or tugging like pain will appear. The gall bladder, appendix, prostrate gland will become painful if there is a chronic infection that was sub clinical.

Sometimes the pain will appear in 2 to 3 hours, while other times it may take up to 8 hours. Other times it may take more than 24 hours. The patient must be told what to expect and be

able to grade out the pain response on a scale of 1-10, as to what the observed reactions were, their precise location, duration and strength before they forget. The patient is told to rub the areas in his/her mouth, e.g. around the teeth and spaces, as well as the sinus, the appendix area, etc. at the end of the day and in the evening if the pain didn't jump up at them. Any intensification is a positive sign for a focus. The patient is advised to note all body sensations, even if they last but for a few seconds. It is advisable for the patient to do a self examination process the next day as well. Some doctors prefer the patient to come back to their office for a repeat of the manual examination at the end of the first day and or the next morning. The sophistication of the patient is of prime importance in the scheduling process.

If there is no reaction or a very vague one, the test should be repeated a few days later. If there is once again no reaction or only a vague response, one can consider that there is the absence of an infection. On the other hand, if a test is positive , the test should be repeated for a confirmation.

A few days later Poly San Dx should be used in a similiar fashion as explained with Poly San D.

Poly San Dx

Composition:

Antigens raised to the ninth power developed from:

Streptococcus lanceolatus

Staphylococcus aureus

Diplococcus pneumoniae

AND (different from Polyandries San D)

Antitoxin D.C. , created from the above named strains.

Like Poly San Colloid D, Poly San Colloid Dx serves as a diagnostic tool to determine the cause and location of the infection. If neither of these two can localize an infection, Poly San K can be used in the same manner. Correctly performed, these tests should be done during the patient's initial work-up, rather than when the treatment is well under way. This prevents the case from being camouflaged as to what the focus picture really is and enables one to treat more successfully.

In my practice I have found that Poly San D and Dx can also be used for therapeutics. The results of our tests show a connection between the percutaneous application of these highly diluted forms and cellular activity. This points toward

an immune modulating effect of the preparations.

The (the positive remedy) Poly San D or Dx is rubbed into the elbow or neck area as previously discussed. I prefer the neck area because of the locality of the disturbance. Rub 10 drops on each side twice a day, morning and evening. The second week increase dosage to 20 drops each time. One tablet of Notakehl is swallowed each day. If the focus blows and pain ensues, the Notakehl is increased to 3 a day. The tablet is first put over the area of pain for 30 minutes and the remains swallowed. Suppositories or ampules can be used depending upon the dentist and patient's choice. The Notakehl is used for at least 3 days after the pain subsides. Once a week an ampule of Utlin S Strong is injected deep into a muscle (buttock area) for 4-6 weeks. Notakehl is injected once a week into the focal sites as well for 4-6 weeks. It is very important to use drainage remedies for the lymph system, as well as for the liver, bladder and kidney meridians so that the toxins can be effectively removed. Charcoal capsules will aid the bowel detox.

If there are focated teeth then it is well advised that they be removed using traditional oral surgical methods. Mixed

injections of the following formulations negate the use of pain killers and tremendously enhance the healing response.

One Vial each of:

Sanuvis (Sanum)

Mucokehl "

Nigersan "

Traumeel Heel

Osteitis Nos. D3 Stauffen

Organ Prep. Maxillae or Mandible & Bone MarrowCompos.
D3-D200 (Wala)

In this presentation I shared with you the technics and protocols used in the treatment of teeth that may be subjected to a variety of restorative procedures. The dental handpiece with its turblance and swirling high and low pressure areas that are created, inflict undue trauma to a tooth. This initiatives a multicomplex cascade of inflammatory activity in the pulpal and periapical mesenchymal complex. If this complex exists in a chronic degenerative, inflammatory condition it can exert a negative influence on the Basic Regulative System of the body and thus influence the homeostasis, diminishing the quality of

life for the patient.

If a patient is going to have surgery, I have illustrated how the functional immune system can be measured and if it is regulating well or is in a state of rigidity, methods were given to unblock the rigidity so that adequate healing could take place with the minimum of discomfort to the patient.

I thank the American Academy of Biological Dentistry for allowing me to present to you the current therapies that German biological dentists are using on a daily basis in their practices.