

INTERFERENCE FIELDS

Extracts from Neural Therapy According To Huneke by Dr Peter Dosch

(Prepared by Maurice Finkel)

Inflammation, traumatic tissue lesions with or without visible scar formation, unresorbable foreign bodies and degenerative processes, can produce locally circumscribed pathological changes which will have a permanent pathogenic effect. They can, but they need not. Any potential interference field can remain inactive for the time being, because the body's own defences are intact. Thus, for example, someone with several dental granulomas, scars and shrapnel splinters can to all external appearances seem perfectly healthy. But when his defence threshold is lowered, the likelihood increases that the interference field will become pathogenically active. Such a change can be brought about by any extraordinary stress: a change in the weather, a change of climate, menstruation, the menopause, infections, faulty diet, stress such as accidents, surgery, dental-root treatment, serious illness or psychological stress, or any combination of two or more of these components. Iatrogenic factors, such as the prolonged use of large doses of regulation blockers, e.g. corticosteroids, antibiotics, chemotherapeutic preparations or psychotherapeutic drugs can also contribute. Every potential interference field is like a time bomb that can explode at any time once it is primed.

The interference field as such is generally limited in extent and produces few or no local symptoms. Permanent irritation stimuli nevertheless emanate from it which continually stress the control circuits of the regulating system with outside energy and are capable of triggering remote disturbances in other parts of the body.

Oral interference fields may affect:

1. Sinuses: Complaints involving the maxillary and other nasal accessory sinuses, chronic (including unilateral) catarrh, hayfever, offensive nasal discharge, constantly blocked nose, nasal polyps, deviated septum or septal surgery, supraorbital neuralgia.

2. Thorax: Tuberculous processes, pneumonia, pleurisy, pleural adhesions, endocarditis, myocarditis, pericarditis; thoracic contusions still sensitive to pressure or tapping (sternum, xiphoid).

3. Abdomen: Hepatitis, cholecystitis, gastric or duodenal ulcer, dysentery, cholera, typhoid fever, pancreatitis, infantile dyspepsia, grumbling appendix, chronic diarrhea, chronic constipation, colitis, food poisoning, abdominal surgery, renal calculi, nephritis.

4. Pelvis: Women: Gonorrhoea, pelvic inflammatory disease, vaginal discharge, dysmenorrhoea, menstrual abnormalities, abortions (febrile), terminations of pregnancy, D & C or other surgery; difficult deliveries

such as forceps, breech, perineal tear or episiotomy. Men: Venereal disease, orchitis or epididymitis, prostatitis, prostatic hypertrophy, micturition difficulties, nonspecific urethritis, frequent nocturia.

5. Bones: Fractures (collarbone, ribs), painful coccygeal contusion, periosteal disease, osteomyelitis, Scheuermann's disease and other aseptic necroses of bone, rib resections, surgery to fingers and toes (hallux valgus).

6. Skin, subcutaneous tissue: Chronically painful or itchy areas should be marked by the patient at home, by means of small triangular pieces of sticking plaster. Ecthyma and other pustular skin conditions, leg ulcer, painful varicose veins, sites of earlier thromboses, recurrent skin inflammations such as neurodermatitis, torn ligaments, lacerated muscles, arterial ligatures etc.

7. Foreign bodies: Shrapnel, broken needles, glass, grains of sand, pinned bone fractures. Have different metals been used for dental fillings? Cardiac pacemaker.

The dental interference field:

When one hears that the teeth, together with the paranasal sinuses and tonsils, form the most frequently encountered interference fields, one is bound to pay a great deal more attention to this important area in future. A dentist's certificate stating that the teeth need not be regarded as a 'focus' because the x-rays showed no granuloma to be present, or to reach the same conclusion on the strength of a simple visual inspection, are unsatisfactory and worthless. (Granuloma - a degenerate mass of cells at the apex of the root.)

The neural therapist's difficulty in assessing the mouth and teeth begins with his need to rely on information that must normally be provided by a dentist. Unfortunately, most dentists have not yet recognized the changes that have to be regarded as possible causes for illnesses due to an interference field.

It is therefore worthwhile for the non-dentist to occupy himself intensively with this complex field, which is so important in the morbid processes which concern us, that he will become largely independent of the dentist's judgment and capable of making the necessary decisions on his own.

In order to be able to do this, we need a full set of x-rays of the jaws. These should be made for the full extent of the jaws, regardless of whether teeth are present or not. First of all, this will to a large extent provide an answer for us as to the presence of any devitalized teeth. If any filling material can be seen in the pulp or root canals, then the tooth is devitalized. The same applies to heavily carious teeth, pivot teeth and

discoloured teeth. Discoloration results from the decomposition of protein within the tooth. Often, the shadows cast by a metal crown covering a filling make it impossible to judge this. It is therefore always advisable to include such teeth in the list of suspects. A tooth can become devitalized simply by grinding, or by thermal, chemical or traumatic stimuli, without necessarily having had root-canal treatment. In order to clarify this, we need to ask the dentist to carry out a vitality test, or to do such a test ourselves by means of a suitable instrument (e.g. Testator).

Many dentists still hold to the outdated idea that only an apical granuloma visible on an x-ray will 'disseminate', more or less according to its size, and produce remote disease only via the bloodstream, and that a devitalized tooth without periapical abnormality must by the same token be innocent.

But this attitude is wrong. Dentine contains protein which, after a tooth has become devitalized, is subject to decay.

The products of decay, such as mercaptan, can produce neural irritation. Dentine is traversed by fine parallel canaliculi in which all the elements of interstitial connective tissue are present: autonomic terminal fibres, and capillary and lymphatic vessels. According to Pischinger, all inflammatory reactions occur in this ubiquitous basic tissue, including the formation of interference fields. A 'devitalized' tooth is thus still linked to the rest of the organism via its inter-connections from the interior of the tooth, by its dentine and cement, at least as regards the metabolic processes. Biologically speaking, therefore, a 'dead' tooth is not dead at all, nor is it an isolated foreign body. If it were, it would be rejected as a bony sequestrum.

Chronically inflamed dental pulp is suspect as a possible interference field, all the more so any necrotic or gangrenous pulp. At this point, x-rays and clinical investigations can desert us completely. Even a vitality test can mislead, since moist gangrenous pulp may produce a positive reaction to a flow of stimuli. Chronic pulpitis (inflamed pulp of tooth) may occur with advanced caries, in badly silicate or plastic fillings with inadequate lining to protect the pulp, as a result of corrosive material used in dental care, and also by overheating if a tooth is inexpertly ground. It can also occur as a result of trauma, of an internal granuloma, where there are deep alveolar pockets, and via the bloodstream in the train of general diseases, such as diphtheria or septicemia. Many a failure in dental treatment can be laid at the door of these inflammatory conditions in the dental pulp, clinical diagnosis of which is extremely difficult. Nevertheless, they act on the basic regulating system as a continual additional stress factor (Pischinger).

A granuloma is a terminal condition of a chronic inflammatory process and, as such, already acts as a secondary focus. The primary focus in the root canal cannot be seen on an x-ray. Long before the granuloma is formed, this primary focus may become an active interference field by the interconnecting canaliculi to which reference has already been made. Changes in the

x-ray picture occur only when tooth and jaw have already been diseased for some time. The electrical skin test and thermography (see chapter on test and provocation methods) can tell us something about the location of a focus or interference field well before any x-ray picture. A granuloma is merely the product of defensive measures taken by the organism as its reaction to the inflammatory materials produced by the decomposition of intradental proteins. It tells us only that the tooth is devitalized, but nothing as to whether it is now acting as a disseminating focus. There are some teeth with granulomas which cannot be shown to be doing any damage anywhere in the body for the time being, because for the moment they represent only an inactive and potential interference field in an organism in good defensive condition. Human teeth can produce a bite pressure of up to 80 kg. The thought that each time the teeth are champed together toxins are squeezed out of the bacterial granuloma to give the carrier a minute injection of poison with every bite is somewhat disquieting.

No conscientious dental surgeon will ever leave a granuloma in situ; he will remove it because he knows that these sealed-off foci and temporarily quiescent interference fields are like ticking time bombs ready to explode at any moment when the body's defences are lowered by internal or external stresses. In the case of a devitalized tooth without a granuloma, however, he hesitates to adopt the same reasoning process. Yet he ought to know that a rarefying osteitis need not necessarily show on x-ray, but can still be more dangerous to a patient's health than the sealed-off granuloma encapsulated in connective tissue. He seems to cling to every single tooth. Many dentists are still most reluctant to extract devitalized teeth. When shall we at last reach the point when recognition of this will extend to the 'conservative root-canal treatment' which so often opens the way for other disease processes?

Unfortunately, teeth with apical granulomas and devitalized teeth do not exhaust this subject. Remote neural disturbances can also be caused by inflammatory changes near the roots of teeth, which barely show on x-rays, by osteomyelitic foci, by displaced teeth, by teeth used as buttresses for bridgework and therefore subjected to excessive stress, and by radicular, paradental or follicular cysts. In cysts there is a constant decomposition of protein. This, together with the tendency of cysts to grow, is sufficient reason for their removal. The same applies to odontomas, conglomerates of dental tissue, hypercementoses and all sclerosing processes in the mandibular or maxillary bones. Gingivitis, stomatitis and parodontoses also interest us in this context. Pathological alveolar and gingival pockets, particularly those producing secretion, also deserve attention as sources of chronic irritation, as do any inflammatory conditions around dental crowns or projecting fillings. Even a stomatitis which occurred years ago and left no visible changes can have left behind a latent interference field that may become active at a later date by some second insult (trigger factor) to the system.

Residual osteitis (chronic inflammation of bone) deserves special mention in this connexion (i.e. alveolar osteitis, primary chronic osteomyelitis). The importance of this condition in any search for an interference field is becoming increasingly recognized. Formerly, the patient's defensive capability was sufficiently intact to enable the gums to heal by themselves after a dental extraction. Nowadays, environmental and internal pollution seems to have reduced this defensive capability.

This state is made worse through the routine use of prophylactic antibiotics. This is one of the contributory factors to the present situation, where about half of all patients suffer from some form of residual osteitis, a condition extremely difficult to diagnose, which can easily become a new interference field. These are persistent chronic inflammatory conditions in the maxillary and mandibular bones, which can occur after the extraction of devitalized teeth or around apical residues or foreign bodies (e.g. bits of amalgam). Their identification and evaluation by x-ray is not always easy and calls for a certain amount of experience. These changes are not sharply defined and can generally be recognized only by their blurred body structure. The overlying mucosa may show livid discoloration and the bone may be sensitive to pressure. If the residual osteitis is on the surface of the bone, it is possible to penetrate into the soft bone underneath with the point of the needle used for the local anaesthetic. In such cases, surgery becomes indispensable. A large area of bone is exposed and the mushy necrotic tissue is curetted away down to the healthy bone. This process often proves to be far more extensive than the x-rays had given cause to suspect. Hopfer found residual osteitis in more than a quarter of all his patients. A large percentage of these caused remote disturbances. Sollmann drew attention to sclerosing changes in the retromolar space which can produce a similar interference-field effect.

Adler, the Spanish stomatologist, drew my attention to the fateful part that can be played in the context of interference fields not only by impacted, but also by untreated 'healthy' wisdom teeth. With advancing age, there tends to be a physiological alveolar atrophy. Teeth grow from the crown towards the root and do not shrink with the jaws. In the lower jaw they move ever closer to the ascending branch and often exert pressure (i.e. an irritation) on the mandibular canal. Almost all wisdom teeth, especially those that are out of alignment, have deep marginal pockets from which a chronic bacterial and inflammatory irritation goes out to the tonsils and the cervical lymphatic glands. In his view, these teeth become interference fields so often that a more appropriate name for them would be 'teeth of misfortune' rather than 'wisdom teeth'. Adler removes these neurally and bacterially disturbing teeth, always with excellent results. In his experience, they are especially liable to produce irritations of the cervical spine (— cervical syndrome). But they are also the cause of many other disorders, including 'emotional crises'. According to Adler, in the presence of interference fields in the maxillary region, there are always typical painful pressure-sensitive points beside the lateral processes of

the second cervical vertebra. Palpitation of these will indicate the side of the upper jaw which is involved, but without at the same time also telling us which tooth is concerned. Mandibular interference fields produce pressure-sensitive points near the lateral processes of the third cervical vertebra. These 'Adler's points' are very useful for a first approximate orientation.

Different metals placed in a solution are known to produce galvanic current. Yet, how many teeth are treated conservatively without regard to the various types of metals which are sometimes used (gold, silver amalgam, steel etc.), in order to 'preserve' them skillfully? If we take into account that the current produced in such cases can reach 800 mV and more and can thus be considerably greater than that used for an ECG (1 to 2 millivolts) or an EEG (5 to 50 microvolts), the obvious conclusion is that such non-biological exogenous energy which the organism is unable to metabolize can produce interference and act as a source of illness in anyone with the appropriate predisposition. In addition the flow of current can also produce electrolysis of toxic mercury ions in amalgam fillings. Further, in root-canal treatment, in fillings, crowns and grafts in the jawbone, different types of metallic and non-metallic substances are used. Over the years, these may act as 'depot antigens' (Altmann). Metals and metal alloys often suffer from corrosion, when the free metallic ions can produce allergic reactions at remote sites. Even when modern plastics are used, there can be no certainty that there will be no allergizing side effects. Even minute quantities can produce serious consequences.

In children, devitalized and unerupted deciduous teeth can play as important a part (e.g. in lack of appetite, asthma, eczema etc.) as the permanent teeth. Irregularities in the position of the teeth, especially narrowing of the interdental spaces, are also significant. They, like any other unphysiological condition, can lead to remote disturbances. Early orthodontic treatment thus has not only a cosmetic effect, but also a prophylactic value.

In this context, Stacher described the following case. A specialist in internal medicine always suffered severe attacks of trigeminal neuralgia after consuming small quantities of alcohol. These attacks were taken as evidence of an alcohol allergy. They disappeared when, in accordance with the recommendations made by a neural therapist, the wrong bite of an otherwise unsuspect dental crown was corrected, although this advice was accepted with scepticism and reluctance by the dentist. This cure proved that in this case the irritation of the jaw, due to structural stresses, was alone responsible for the profound reversal in the patient's reactive state.

What should be done with any teeth identified as troublemakers? Where the syndrome is potentially serious, as for example with an angina pectoris or a polyarthritis, all diseased teeth should be removed. In such cases, the best procedure is extraction, followed by clearance of any apical osteitic focus. Whilst apical resection conserves the teeth, it cannot offer any certainty that the gingival and bone scars will not

maintain a state of irritation capable of producing remote effects. The resected tooth does, of course, continue to communicate directly with the rest of the organism via its own interstitial connective tissue and by means of the interconnecting canaliculi via the cement, and can thus continue to interfere with the normal functioning of the organism. In minor disorders, and in the case of important teeth used for buttressing bridgework etc., it may be worth trying to reduce and ultimately eliminate the neural interference field by repeated injections, similarly to the procedure described for the tonsillar interference field. Here, too, the effect should continue for a longer period after each repetition of the treatment, until a full cure has been achieved. Otherwise, extraction is to be preferred.

In Khalakh, the royal city between Nineveh and Assur, clay tablets with cuneiform writing have been found of correspondence between the Assyrian king Asarhaddon (680 BC - 669 BC) and his physician Aradna. The king, suffering from polyarthritis, describes his symptoms to the royal physician as follows: 'I am consumed by a fever that burns in my bones.'

The other clearly knew something of the interference-field effect of diseased teeth and prescribed, over 2500 years ago, the rigorous procedure to be followed by his royal master:

'He whose head, hands and feet are inflamed owes his illness to the bad state of his teeth. My Lord's teeth must be removed, for through them he is inflamed within. The pains will then disappear at once and his condition will again be satisfactory.' There it is, in a nutshell!

As already stated, we do not favour wholesale dental extractions. On the other hand, the efforts that are sometimes made by dentists to conserve as many teeth as possible by root-canal treatment, especially when they are intended to act as buttresses for bridgework, are unjustifiable from an immunological, toxico-allergic and neural point of view, because by their 'conservation' they are setting up foci and interference fields which result in damage to their patients' health totally disproportionate to the presumed advantages. Dental surgeons should also, therefore, think more globally, in holistic medical terms, rather than simply seeing their purpose in life to be to conserve as many teeth as possible. In the end it is always the patient who pays the price with his health. From our point of view, a patient with false teeth is luckier than one who has a glass eye, an artificial leg, a colostomy, a hearing aid or who needs crutches. We must always bear in mind that three-quarters of all chronic sinusitis has an odontogenic origin and may turn into interference fields, and that in such cases the lymph supply can as a secondary or tertiary effect cause the function of overtaxed tonsils to become blocked, or the tonsils themselves to turn into interference fields. We simply have to leave aside our customary way of thinking which places the organ in the centre of the stage, and learn to think and act more cybernetically, never losing sight of the whole. Any dentist treating a patient with a dental abscess, or filling a root canal, ought to be left in no doubt that he is thereby assuming a grave


responsibility for his patient's health, and that with every intervention on his part he is making a decision which will affect the patient's future. If in doubt in such cases, he must always decide in favour of the patient and against the tooth. The dental surgeon's importance with regard to the pathological processes taking place in the organism is not that of a 'narrow-gauge physician'. Instead, he can be an invaluable ally. Such a partnership demands genuine collaboration between him and the neural therapist, on the basis of full equality, which will always prove worthwhile to him, to us, and not least to the patient.

(see page 14)

PROGRAMMED

WATCH A LITTLE CHILD AT PLAY
YOU KNOW BY THE FACE
NOT YET HAS THE CHILD LEARNED
THE ERRORS OF OUR RACE.
GREED, FEAR, GUILT AND SHAME
ERRORS BY ANY NAME.
LIFE IS LOVE AND LOVE IS LIFE
WHY THEN ARE WE TAUGHT
WITH HASSLE AND STRIFE?
LOVING IS ONE ANSWER
FORGIVING IS ONE KEY
BY USING THESE I CAN SAY
OH HAPPY, HAPPY ME.
DANIEL

94 Kingscliff St. Kingscliff, NSW. 2487 Australia



BARRY LONG

Has enabled thousands of people to find the truth of themselves.

Available free on request

*Mailing pack of * Teaching Statements*
** Books & Tapes Catalogue * Teaching Program*

FROM THE BARRY LONG CENTRE (AUSTRALIA)
PO Box 46H, EAGLE HEIGHTS, QLD 4271 PH (075) 452269