



# **SANUM Preparations in Dental Practice**

**Success in Difficult Cases**

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SANUM preparations can be applied very successfully in dental medicine. However, a dentist starting with this treatment must change his way of thinking. Up to now, teeth and their affections, such as caries, parodontosis, parodontitis, foci in the tooth and at the tips of its roots, have been regarded as the originating factor of illness. However, a growing number of scientists understand that these appearances on the denture also may occur as secondary developments. Wrong nutrition, e.g., destroys our metabolic equilibrium and as a result harmful plaque will develop on the teeth. Dr. Schnitzer, a dentist, has demonstrated most impressive and conclusive pieces of evidence for this way of thinking. In my daily surgery I experience that children, whose physical and psychical milieu is beneficial, do not, or only rarely, consume any sweets. In families which are not intact, strongly compensating sweets sometimes are even the children's main nutritional resource.

### **The condition of milk-teeth is decisive**

The destruction of milk teeth has generally progressed to a frightening degree. In my function as a school dentist I found out that 90 % of children let their milk-teeth deteriorate and do not take care of them. Often it is impossible for the dentist to restore such teeth to some degree. In the end extraction is the only remaining choice which, in turn, makes closure of gaps and later expensive regulation inevitable. Children whose milk teeth are attacked by caries, were accordingly preprogrammed at their embryonic

stage by influences from their mothers. Further negative factors are later influences from denatured instant foods which hardly contain natural vitamins and trace elements, etc. Only biologically grown or derived substances can always be harmoniously integrated into the metabolism. The important calcium, for example, can be obtained from the bark of oaks; oaks grow in soil which contains calcium. It has been shown that calcium from the oak is immediately absorbed by the organism. It is also possible to obtain calcium from oyster shells. However, they often consist of further associated substances and trace elements; therefore we have to make sure that they can be integrated into the organism as a building substance.

If children suffer from abscesses at the roots of their milk teeth, NOTAKEHL suppositories (one suppository in the evening for four days) will clear all clinical complaints. The swellings which resemble cauliflower florets and are mostly found towards the cheek side, will vanish quickly. A parulis or a submandibular abscess in the lower jaw can be treated by trepanation of the tooth (almost always without drill) and the subsequent application of NOTAKEHL drops (2 drops applied externally to the cheek). Within a few minutes a strong relief will set in and the swelling will subside after two to three hours. Children with disturbed connective tissue usually need a somewhat increased dosage, but still the effect will not be undesirably vehement. In any case this is unlikely because these children mostly have a low

circulation in the connective tissue. Nevertheless, success is achieved more quickly than with the penicillin preparations of which I usually had to prescribe up to three packages. Since October 1977 I have worked without penicillin (the doctor's safety cushion) in my surgery and still have been able to "sleep well" at the weekends.

For processes involving the production of pus, I use Chamomilla 30X (DHU); i.e. for the first two hours 10 drops every 10 minutes, and subsequently 10 drops every half hour for the next two hours, then the same dosage every hour. A sound night's sleep is possible after administration, but in the morning the described dosage has to be given again every half hour. A dosage of Chamomilla in another form or strength is unsuccessful. For processes accompanied by fever, one suppository of NOTAKEHL can be given at night. I change to PEFRAKEHL or NOTAKEHL drops only after the acute phase has been overcome. In cases of lockjaw I have been able to achieve complete pain relief within two hours, but these were primary conditions.

### **Therapeutic success can clearly be seen through x-ray**

X-rays offer proof for the success of SANUM-Kehlbeck preparations also in dental medicine. They provide the most reliable and true evidence because they can only be faked with great effort, and even then the falsifications can be traced. Therefore, these radiographs may also be regarded as a documentary evidence of the therapeutic success.



Photographies are also means of proof, but it is very difficult to achieve exact colour reproduction.

X-rays confirm the dental diagnosis in pathological conditions of various genesis. An osteomyelitic process, e.g., is diffuse (without boundaries), it represents a scattering focus, whereas a cyst is a limited focus which appears round to ovoid in the x-ray. Destructive processes are tumors with sharp boundaries and are rarely odontogenous (caused by the tooth); they have a polycyclic appearance. In this respect malignant tumors can be polycyclic, but may also appear as mixed forms.

Principally, x-rays give only a limited copy of the tissue alterations because x-rays pass straight-lined through substance. Viewed from the side, a tooth may possess a delta of pulp canal exits. On the x-ray, however, they may appear as a single canal from the front because they lie one behind the next at this field of vision. Thus, canals not filled during root treatment cannot be detected radiologically; subsequently they possibly continue to exist as a field of disturbance of great influence. Such unlimited dental foci may, for example, cause bronchitis and rheumatism.

### **Teeth are far more than merely food crushers**

Our teeth are lively and productive through and through. This makes dentition of the remaining teeth possible because the formation dome of the dental enamel is capable of absorbing the milk teeth, or rather their roots, or even the jaw-bone. The boundary between

enamel and dentin is a sharply defined contact of ectodermal and mesodermal tissues within the organism. Teeth, except the enamel, originate from the mesodermal tissue and are productive until old age, if kept in a healthy condition. The pulp, for instance, is decreased in its volume by odontoblasts (dentin cells) in favour of dentin growth even in old age. As protection against caries, teeth are able to close small dentin canals (approx. 15,000 canals per cm<sup>2</sup> of dentin) when threatened with the invasion of acids and toxins.

Thus, dental pulp is able to isolate small-scale chemical-parasitic processes. They are subsequently blocked off by the production of secondary dentin which prevents a further invasion of these processes. In cases of caries sicca pulp possibly degenerates at the same rate and rhythm at which caries develops.

### **Residual foci can develop into fields of disturbance**

If residual foci are treated inadequately, granulations, e.g., can grow out into further fields of disturbance. A cyst or an osteitis may develop from the ailing residual tissue. In x-rays a cyst can be recognized by a dark border whereas an osteitis shows a darker colouration of the bone structure. Organisms with a still healthy defence mechanism will react with increased bone production around the defect, but polycyclic processes which are of cancerous nature hardly lead to defence reactions. Additionally, polycyclic processes show clear boundaries against dental foci.

Structural changes in the spongia, which are caused by organic processes such as disturbances in the calcium metabolism, become fluffy and cloudy in the subsequent curative treatment. From their locations, conclusions can be drawn as to the patient's age at the time of the disturbance in the calcium metabolism. The spongia in the maxilla is the "shock-absorber" in the distribution of pressure during the mastication of food. Chewing pressure averages around 75 - 80 kg per cm<sup>2</sup> and can increase up to 160 kg per cm<sup>2</sup>.

### **Respiration and jaw-bones**

If people predominantly breathe through their mouths, the disintegration line of the jaw-bone lies in the frontal teeth area in the maxilla, approximately covering the line of pursed lips. It declines at the premolar teeth and climbs again toward the molar area. The line in the mandible is similar, but flatter in the molar area. Strong prominences of the sinuses (maxillary, nose and frontal sinus) are formed by the way of respiration, i.e. the natural and healthy breathing through the nose. These correlations illustrate that teeth and jaw-bones, together with their structures and functions, are an integral part of the whole organism.

### **Further important aspects of biological dental medicine**

The various formations of pockets result from different causes. For example, a necessary tooth extraction or the false position of one or more teeth lead to gaps in the dental arch. Plaque and food particles then find hiding-places.

Resulting gum irritations may deteriorate as far as to the formation of pockets in the bone. Neglected teeth can equally show either vertical or horizontal changes. These phenomena are also found in patients suffering from chronic organic diseases.

Manifestations of parodontitis, including pus producing conditions, are only possible if the patient's symbiosis is disturbed. SANUM remedies are indispensable in the treatment of such decisive processes. The successful therapy with SANUM preparations in dental medicine bases on the re-establishment of the vital symbiosis with microorganisms. An effective treatment of stomatopathies is only possible with holistic medicine. A dentist will not achieve full success in his treatment - of whatever nature it might be - if serious organic disturbances exist. Implantations are not recommended to patients suffering from certain organic illness.

### Successful treatment with SANUM remedies

I have worked as a dentist for many years and experienced some wonderful therapeutic successes with the preparations of SANUM-Kehlbeck even in difficult cases. I recorded many of these cases through x-rays and will present and explain one of them in which SANUM preparations decisively contributed to a good therapeutical result. The depicted x-rays show the therapeutic course.

The female patient, born in 1926, complained about strong pains in her left maxilla, radiating to the temple, the eye and the angle of

mandible; even the parotid gland was affected. The clinical findings showed a serious, venously congested gingiva with sensitivity to percussion at tooth 27. The x-ray (illustration 1) shows: Cortical substance dissolved apart from a small residue, structural changes of the spongia, caries at the rim of the filling at tooth 24, denticle at tooth 27.



Illustration 1

The first treatment was carried out with Traumeel, Chamomilla lavages and reconstruction of the filling at tooth 24. Some time later chlorozinc was applied to lessen the sensibility of the dental necks. Three months later a stomatitis allergica appeared after eating fruits. Pyralvex and Chamomilla lavages were applied. Again three months later another x-ray was taken (illustration 2) because of a large swelling. A further disintegration of cortical substance and spongia was registered. This was treated with a curettag of the pockets, application of Pyralvex and lavages. Tooth 25 received a new filling.



Illustration 2

Two months later the patient suffered from a gingivitis aptosa. At this stage treatment with SANUM preparations was started. PEFRAKEHL 5X mixed with MUCOKEHL 5X was put on a thin pad of cotton wool and applied for one day twice a week. Besides, an elimination was carried out with Traumeel tablets and Lymphomyosot drops as well as with bladder and kidney tea. Now the first clinical success appeared. During the next month the treatment of the gums was intermitted for one week and the patient got NOTAKEHL 5X tablets instead. The visible improvement allowed the patient to treat herself with MUCOKEHL 5X. However, after two months there was a new attack of aptosa. Therefore the patient additionally received Thuja occidentalis 4X, 3 x 15 drops every 3 - 4 days.



Illustration 3

In the same month a third x-ray (illustration 3) was taken. It was encouraging to see first signs of a new production of bony trabeculae and of cortical substance. Furthermore, a focus of liquefaction became visible distal to tooth 25 as a triangle with distension towards the oral cavity. The gingiva showed a red colour and the swelling was still existent. For a period of three weeks no further improvement took place. Then, PEFRAKEHL 5X, dropped into the nose, caused a rapid decrease of a sinus infection.

According to the patient, the sinusitis had been treated without any success for 15 years. To cure the affection, the patient finally received NOTAKEHL 5X at a dosage of one drop each left and right to angulus mandibulae, arm pits and grains every evening. After 5 days the blockage in the sinuses broke at last and large amounts of fluid were discharged.

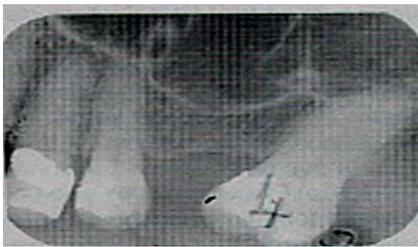


Illustration 4

Towards the end of treatment the patient once more received NOTAKEHL 5X tablets which she had to take every fourth night between 1 and 2 a.m.. MUCOKEHL must not be administered at the same time as NOTAKEHL, but afterwards the patient again received MUCOKEHL. At the end of this treatment a last x-ray was taken (illustration 4) showing a completely new bone production and hardly any pathological structure.

This excellent success is essentially due to the application of the mentioned SANUM preparations.

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