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# **Using Isopathic Remedies in the Dental Practice**

## **Some Examples of Treatment**

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I worked with the usual antibiotics in my dental practice for about two decades and experienced their decreasing effectiveness. Looking for remedies that are not beset with side effects I came across SANUM's products.

I found a considerably more reassuring method of treatment in the fungi and their possible biological applications which were researched by Professor Dr. Enderlein in the 1930s. The microbiological processes quickly release blockages and have a positive effect on the general wellbeing of the patient. I soon grew confident in the use of the remedies.

Personally, I always felt the harmful effects of antibiotics to be a heavy burden. When using isopathic remedies the therapist experiences a strengthening of the patient's immune system and also an increase in vitality, particularly in children.

### **Abscesses during the second dentition**

Diagnosis: Remnants of rudimentary teeth filled with non-sensitive granulation tissue which proliferates extremely (like a cauliflower). It occupies the whole circular remnant of the tooth and bleeds easily.

Penetrating infective foreign bodies lead to the formation of pus in a granulation cavity. Any contact with dentition tissue will consequently cause problems with the amelogenesis of the permanent teeth.

Treatment: In case the abscess is open, apply a small cotton pledget with 2 – 3 drops of NOTAKEHL

5X, also insert 2 drops either into the duplicature of the lower jaw or in the upper jaw on the outer cheek. If necessary, the patient can repeat the application once or twice a day.

Quintessence: The tension in the venous congestion of the sensitive internal tissue is quickly released and the pain subsides rapidly. The purulent process and foreign bodies are rejected as a result of biological resorption.

### **Desperate state with diarrhoea following the extraction of a tooth**

The patient's tooth 38 had been removed during an extensive operation in hospital. After 5 days of post-operative treatment with antibiotics she had dysenteric diarrhoea and was in a desperate state.

Diagnosis: Lockjaw, the patient was unable to open her mouth wider than 0.5 cm; heavy, cold and hard swelling from the temple to the collarbone; intense pain; swallowing impossible; a slightly raised, cold, red area on the mandibular angle; facial colour ranging from grey to yellowish brown; eyes had lost their "shine"; lymph glands hard and knotty beginning from behind the ear to the armpit. Examination of the oral cavity was impossible.

Treatment: 1 ampoule each of NOTAKEHL 5X + Lymphomyosot injected i.m. in the left upper arm; NOTAKEHL 5X drops used on the cheek approx. every two hours.

Day 2: Pressure and tension pain had subsided. The patient had been able to sleep. Important: Remove

feather duvet and pillow. The same injection was repeated.

Day 3: Same injection. Patient was able to take some food. The cold mandibular angle showed some warmth.

Day 4: Same injection. Mandibular angle became more pointed and red. The patient's wellbeing improved considerably.

Day 5: Same injection. The lymph nodes were becoming more relaxed; the shine in the eyes was visible again and the patient's appetite was returning. A hard point on the mandibular angle.

Day 6: Same injection. The abscess on the mandibular angle matured and was lanced from the outside following surface anaesthesia. Pus extremely thick and containing large flecks, easily removable. 1.5 cm deep wound, 0.5 cm sequestrum removed and cotton pledget inserted.

Days 7–9: Injection, cotton pledget changed, very good general condition, reduction in swelling.

Day 10 onwards: No further use of cotton wool pledgets. Lymph vessels soft, injections now every two days, drops applied externally twice daily.

Day 16: No injection, swelling totally subsided, slight pain on palpation.

To promote scar-free healing, 2 – 3 drops of MUCCOKEHL 5X applied 3 times a day internally and externally. After the second week the skin on the outer jaw was scar-free.



## Parulis of the upper jaw

Anamnesis: Tooth 11: fracture of the crown. Filled under anaesthetic. 6 weeks later a parulis (gumboil) was treated with antibiotics and a root-canal filling carried out. Some weeks later a post crown was placed.

One week later: Lancing of the parulis and antibiotics.

Approx. 3 months later: Pains starting in the neck, temples and head at irregular intervals. Doctor could not find anything out of the ordinary.

About a year later the patient consulted me for bilateral parulis of the upper jaw.

Treatment: Surface anaesthesia, lancing of the abscesses on both sides, removal of about 5 ml pus which was mixed with crystalline cystic material. Cotton pledget inserted; injection of 1 ml NOTAKEHL 5X i.m.

Days 2 and 3: Cotton pledget changed and injection given.

Day 4: Cotton pledget changed and injection given. As the patient was now free of pain an x-ray was also taken.

Days 5 to 7: Cotton pledget changed and injection given.

Diagnosis based on the x-rays: Teeth 14 and 24:, No extensive alveoli and only few trabeculae due to the formation of cysts. The *canalis incisivus* was osseous like a stalactite. Vitality tests of 14–24 negative.

NOTAKEHL injections were given over the course of another 3 days; no further cotton pledgets.

Operation: The removal of the teeth was straightforward. Following the opening of the operation site it was determined that the bone defect was larger than was visible on the x-ray.

After the removal of the granulation and the destroyed bone substance as far down to the base of the nose, the *canalis incisivus* remained in place. Due to a lot of bleeding, a Clauden® (hemostyptic wound

dressing) was inserted into the temporary prosthesis and one injection of NOTAKEHL 5X was given i.m.

Postoperatively, on the next day it was necessary to suture and close off an infraorbital artery. The clotting time was 15 minutes.

Day 3 post-op: Injection, cotton pledget with NOTAKEHL 5X inserted in the prosthesis. Afterwards strips of cotton pledget with several drops of MUCOKEHL 5X were laid in the prosthesis to encourage healing of the incision and scar-free formation of new tissue. After approx. 3 weeks the wound had healed without scarring.

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