



Obstacles to Dental Healing

Part III: The Holistic Viewpoint and Treatment in Periodontology and the Creation of an Ecological Oral Milieu

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“The mouth is the entrance of the body and the cause for all suffering.” (Chinese proverb)

In evolutionary terms the mouth and consequently the “eating organ“ is one of the most important parts of a vertebrate. This system is equipped with particular capabilities which allow it to successfully withstand any attacks from outside. It is strong but at the same time also very delicate in its motor function.

Over the course of the millennia our masticatory organ has become smaller as human beings have limited their quantity of food intake and the extent to which they break it up into small pieces; but in our canine teeth (which in some species of the animal kingdom have developed in a particular way as fangs or tusks) we can still see how Nature has given a prominent job to these biting elements. We no longer “catch“ our prey and hold onto it with our very strong canine teeth, but certain parts of this program are still stored in our central nervous system and used by us every day.

Our teeth – or rather, the whole of our masticatory organ (“stomatognathic system“) – are adapted to food, and as well as breaking up what we eat they also contribute to the early processing and breaking down of the food in the digestive system. At the same time they are very important parts of the body’s statics and illustrate the fine adjustment of the spine (more about this in subsequent parts of the series).

But this up-front position in the system also holds many risks: The oral cavity is the first to come into contact with pathogens and

bacteria, some of which ought not enter the body or should not be allowed to. For this reason many important defence systems are located here which in terms of strength and intensity are hardly found in any other part of the body. The defence system in the mouth has the highest priority. Unfortunately, however, there are a large number of factors which influence the readiness of the oral defence system and even some which reduce it considerably. In this context smoking must be mentioned in particular, as it is necessary to take into account not only the negative effect of nicotine on the system but also the damage done directly to the mucous membrane by the substances found in cigarette smoke. The result is a weakening of the defences and changes to the ecological system.

The body’s defence mechanisms are also weakened or cancelled out by many other substances which we take in by mouth. Consequently, in order to protect the whole organism, reactions sometimes occur which are detrimental to the masticatory organs. (The body must decide on its priorities. Naturally, the protection of the whole organism is regarded as more important than the protection of the different parts of the masticatory organ.)

The oral organs, in particular the teeth, should not be looked upon as isolated structures: Instead they are closely linked by energy pathways to other parts of the body and to other organs. An acupuncture meridian runs through each tooth and the teeth thus have

a direct energy link to the organs of that particular meridian. Weakening, diseases and disorders of the target organs can lead directly to energy problems in the corresponding teeth and the periodontium. This can often be seen in children while their teeth are changing. At that time a “sketchy“ diagnosis in the mouth frequently leads only to a subsequent diagnosis but the true origin of the problems is ignored.

Of course the care of the teeth and the way we treat our “dental“ organs can and must have a decisive influence on the condition of the whole organic system. On the one hand, a lot of patients show no pathological results of any sort on the teeth in spite of inadequate or non-existent oral hygiene. On the other hand, one frequently hears the argument “I inherited my bad teeth from my parents“. This point always leads to a lively discussion.

But why should the easiest method not be regarded as the most important? Caries and parodontitis are caused by bacteria: They are an infectious disease. These bacteria are passed on from person to person and thus also to children (by social contact from the child’s environment). A responsible adult with raging influenza would never come so close to an infant that his germs infect the child. But people who carry the caries and parodontitis bacteria even lick the baby’s dummy and spoon. Here it is very important to change one’s view: The ideal method is the so-called “pre-preprophylaxis“. This should include the whole social environment of the newborn child.



In one millilitre of saliva there can be 10 to 100 million bacteria, and in the case of “caries millionaires“ the certainty of transferring some of these to the child is very great. Thus “pre-preprophylaxis“ is not only the safest, cheapest and also most “body-friendly“ way to avoid caries bacteria contaminating the oral cavity as long as possible, but also the father and mother benefit from an improved oral milieu.

No other organ of the body is subject to such a rapid change in the milieu – from hot to cold and sweet to sour in a very short time – or has a density of bacteria that is as high as that of the gut, or which in some patients is even higher than the number of bacteria in the intestine.

Although saliva provides the body with an excellent method of self-repair, this system very quickly becomes overstrained. Certainly, everybody has consciously experienced self-repair. After enjoying copious amounts of a sour sauce (e.g. rhubarb), one’s teeth – particularly those in the lower jaw – feel very rough when touched with the tongue. After a while, this roughness disappears and the teeth become smooth again. The saliva raises the pH value to a physiological level, and minerals can again be incorporated into the enamel. But the buffer capacity of this system very quickly comes to a standstill. The intake of acid foods at the main mealtimes can certainly be successfully intercepted, but regular contact of the teeth with, for example, cola or fruit juice all too often results in excessive demand on the “buffer“.

Do dental materials have any effect on this?

Unfortunately, there is no other medical discipline in which people act without sufficient forethought and sometimes very uncritically, applying materials to the body, although their reaction and interaction in the oral milieu has hardly been tested (and often cannot be tested). Above all, these materials are neither analysed reciprocally nor in the process of the constant change in milieu in the mouth.

“Two different metals, linked via an electrical conductor, make an electrogalvanic cell“ is what we were taught in chemistry lessons. Amalgam and “gold“ together with saliva represent (as my point of view) exactly this combination. But the “gold“ is of course an alloy of all sorts of different ingredients. As a result, it becomes almost impossible, even for insiders, to find suitable materials for patients, particularly if there is already maintenance work in the mouth which has to be retained. But you can read more on this subject later in this series.

Regarding the long list of damaging factors for the oral milieu, the only way forward is: **avoid or at least minimise the effects.** In the mouth itself the basic conditions must be optimised or – rather – remain as good as first set up by Nature.

The initial steps should include improvements to the diet and oral hygiene. This should be done by experienced and well trained therapists. Also the state of health

of the whole organism is of prime importance. The oral cavity cannot be “healed“ alone, if the “rest“ is forgotten, nor can the body experience healing if the oral cavity is ignored. Frequently attempts are made to help patients with a number of different types of treatment but without taking the teeth into account, even at a rudimentary level. Only interdisciplinary and integrative therapy can help here.

In dental medicine, a systematic approach to antibiosis (with or without a test for bacteria) takes top priority in parodontitis treatment. But anyone who knows a bit about pleomorphism and cyclogeny according to Professor Enderlein will ask, “How reliable is a sample from the oral cavity which can only be analysed in the laboratory several hours or even days later? How accurate is the test for bacteria and how accurate is the choice of medication?“ Could this explain why in the meantime 500 types of bacteria have been isolated in parodontitis? But how do our bacteria behave in places where we need them (e.g. in the gut)?

For this reason, laser treatment is one of the most important methods of treating parodontitis for a holistic dental surgeon. Studies show that using this method the periodontal pocket can be up to **99.9 %** bacteria-free. Diseased pockets can be closed off from the root of the tooth to the crown, and the milieu of the pocket is brought clearly into a physiological area. Anaerobic bacteria in particular can be safely dealt with in this way (Fig.1). The Biolase Waterlase™ (Fig.2) – a new type of biolaser

made by Biolase™ – is particularly suitable for this laser treatment, as it is the only one built for use in the region of the teeth, mouth and jaw. With this laser, using a patented worldwide principle, it is possible to use the most biological of all materials – water (distilled or bi-distilled) – and laser energy and their effects to clean the outer surfaces of the root and to remove bacteria in an effective and gentle way. The treatment leaves an almost sterile operating area in which an ecological milieu can re-establish itself. This form of treatment is free of the damaging side-effects of local or systematic antibiotics.

By prescribing CITROKEHL – to intervene in the respiratory chain! – and SANUVIS together with ALKALA N taken orally (this is also excellent used as a mouthwash), it is possible to deacidify the milieu orally and systemically. In its various prescription forms, NOTAKEHL prevents the upward development of pathogenic bacteria, in particular pus-forming organisms. If fungus is present, PEFRAKEHL 5X in drop form should definitely be used locally and for systemic effect. NIGERSAN has a positive effect on the structures of the connective tissue in the body and is therefore also indicated in parodontitis because it firms up the periodontal connective tissue and protects the bone structure from degeneration. The exact combination of medications, as well as the order in which the remedies are given during the course of treatment, must be checked in each case and designed to suit each individual patient. Only a comprehensive and all-embracing diagnosis can lead to the efficient

treatment of a multi-factorial periodontal event. Besides dental treatment, the patient has to contribute his own share to the recovery and maintenance of the healthy state of his dentition.

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Fig. 1



Fig. 2