



**Obstacles to Dental Healing**

**Part V**

**Chronic Pain in Head, Jaw and Face,  
Trigeminal Neuralgia, Tinnitus and  
Approaches to their Holistic Treatment**

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*In the conditions mentioned above, dentistry is challenged to provide the best possible support, and to take into account the needs of the orognathic system in its entirety. In Part IV of this series, I attempted to shed a little more light on the many links between the body, the teeth, and the regulatory systems.*

*In the case of the illnesses addressed in this article, we also have to consider the pain, the adverse effect on functions, and the emotions. From the perspective of holistic dentistry, it is first of all important to eliminate all the obstacles to healing and all disruptive fields, and the patient must be treated with long-term objectives in mind.*

The steady rise in the number of patients with chronic pain in the head, jaw and facial areas, represents a special challenge to practitioners. All the “inter-disciplinary“ treatment models so far exclude the principal actor on this stage: the dentist. However, the increasing case-load in this field must lead to the inclusion of dental treatment, in which case particular demands will be made on the holistic dentist. For, on examining these patients, a significant accumulation of dental problems will be found. Lost anchor zones, subsidence of tooth replacements, insufficient prosthetic provision, and also many infective foci - all these are on record. Treatment of a patient must primarily relieve him of his pain. In addition we need to apply emergency measures in the form of special occlusal splints, HUNEKE’S neural therapy, and ENDERLEIN’S isopathy.

Furthermore it is extremely important that all dental problems are solved rapidly and thoroughly. Dental amalgam should be removed immediately as far as possible. The hitherto prevailing method of initially inserting cement (Zinc phosphate cement, etc.) seems not to be helpful in the long term, since the biting surfaces are rapidly eroded, fractures often occur in the cement, and allergic reactions are frequently attributed to this material.

New materials such as OmoCere (organically modified ceramics) score excellently in tests. They are very stable, good to work with, they polish up well and, in all the cell tests they exhibit outstanding biocompatibility and an absence of cell-toxicity. With these OmoCere it is even possible to create extensive fillings and “partial crowns“.

All crowns should be removed and replaced using (tested) artificial long-lasting temporary material. Lost anchor zones must be temporarily replaced, the vertical dimension (space between upper and lower jaw) must be reconstructed as closely as possible to the original. If the biting surface has subsided, then the position of the temporomandibular joint inter alia will change, and this may lead to substantial disturbances at the Gasserian ganglion and/or in the inner ear. In this case it is important to treat rapidly, thoroughly and lastingly. If this is neglected, the whole outcome may be jeopardised.

The removal of infective foci, by dentistry or oral surgery, is particularly required in this treatment concept. All changes in the jaw are

under discussion here, all teeth which are dead at the root or have shifted, and any residual ostites (remaining inflammation of bony tissue). Of course this includes any metallic foreign bodies or inclusions.

For more than four years now, practitioners have had at their disposal the so-called WATERLASE™, produced by the BIOLASE™ company. This laser is the only one to be purpose-built for the dental profession - as opposed to all the other lasers which were simply taken over from other specialist fields (dermatology, ophthalmology, etc.)- and with it all surgical, endodontic, preventative, and other treatments can be carried out gently and with very little pain. Frequently local anaesthesia can be dispensed with altogether. The “secret“ of the WATERLASE™ consists in the low temperature of the laser beam. If correctly adjusted, the laser lowers the temperature of the surrounding tissue by 0.5°C! This excludes the possibility of heat-damage to the tissues under treatment. Whether it is enamel, dentine, bone, hard or soft tissue, or even caries, that is being treated, there is no additional damage to the structures, so that there is frequently no need for anaesthesia. With this laser, 99% disinfection may also be achieved in bone, root canal and cavities. (See *Obstacles to Dental Healing*, Part II). Inflamed tissue may be gently and permanently removed from the jaw, resulting in an extraordinarily low rate of relapse and substantially fewer follow-up treatments than when conventional procedures are employed.

Jaws which have been treated in this way should receive ongoing support



treatment for a period of at least 5-6 months, using ALKALA N powder (1 tsp. in hot water to be sipped each morning on an empty stomach), CITROKEHL tablets (1 to be sucked 1-3 times daily), Calc. phos 12X tablets (1 to be sucked each evening) and SANUVIS tablets (1 tablet each evening orally). It is sensible to include a heavy metal detox treatment ( see Sanum-Post 55/2001, pp. 11-13 ), once it is established that all the eliminative organs are fully functional. If a particular system is underfunctioning, the elimination should first be supported and assured, using an appropriate treatment.

Patients suffering from the complaints described above can be greatly

helped with MUCEDOKEHL 5X (initially 1 drop 3 times a day, increasing later) and MUCOKEHL 5X (1-2 drops daily, to be rubbed in over the temporo-mandibular joint). However, the G.P. and natural health practitioner should also be involved in the treatment, forming a treatment team which includes the patient, since many problems originate in other specialist areas.

The close proximity of the jaw to the inner ear and the cranial nerves means that the best possible dental "hygiene" is required, as regards the elimination of disruptive fields. Heavy demands are made to preventative treatment, in order to avoid the occurrence of any resultant disruptive fields, or to minimise them.

When treating such complaints as these, it is the important task of dentistry, and above all of the holistic dentist, to remove all obstacles to treatment and healing, so as to facilitate treatments by other specialist disciplines. Very, very frequently, however, following successful dental treatment, these are no longer required. This is because, by cleansing the jaws with comprehensive holistic and biological dentistry, the major triggers of such illnesses have already been eliminated.

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