The Stomach from a Dentist's Point of View

by Ina Faust M.D. (Dent.)
Digestion begins in the mouth
For dentists, the replacement of lost dental substance and thus the preservation of the functionality of the teeth is part of the daily routine. Depending on the scale of the defect, this is achieved by a filling or a crown. Where a tooth is totally missing it can be replaced by an artificial tooth as appropriate: bridges, dentures or implants.

Some patients postpone such treatments, highly necessary though they are, for a long while, making a wide variety of excuses, e.g. they don’t have the time, they can’t afford prosthetics at the moment because they are having a house built, in any case they only eat soft food, etc.

We then put the question to them quite bluntly: "And how is your stomach supposed to manage in the meantime?" Many people wonder why a dentist should be at all concerned about the stomach. They take no account at all of any connection between processes that take place in the oral cavity and those that take place in the stomach.

The oral cavity is structured so as to facilitate activities such as the reception, reduction and initial breakdown of food, and these are continued in the stomach. Here solid food must be reduced to a diameter of 2mm at the very least before it can pass through the pylorus and head towards the gut. The larger the lump of food that is swallowed and the poorer the chewing of food by the molars, the longer it will lie heavy in the stomach.

As Bear Heart said: "We must take care what we put into our stomach, and how we do so, for the stomach is an important organ - it is the place where the energy that is maintained by our vital function crosses into the body."

Nowadays society is plagued by stress, and this knowledge has been sidelined. Fast food is devoured in a hurry, and the reduction of food is outsourced to machines (blenders).

As a consequence, the stomach reacts with acidity. The reflex production of saliva is missing, along with its buffering action, and the introductory stage of the digestive process is lost.

The mucous content of the saliva makes the food slippery and easier to swallow, component parts of the food are released as a pre-condition for the effectiveness of taste stimuli and the teeth are cleaned. Assisted by α-amylase the digestion of starch begins while still in the mouth. The high content of HCO$_3^-$ buffers the saliva up to a pH level of about 7. This fits well with the optimum action of the α-amylase and makes it possible for the saliva that is swallowed to buffer off the acidic gastric juices that have refluxed into the gullet.

Salivation is triggered by a reflex action; the smell and taste of the food act as stimuli, as do movements of the oral mucosa and - first and foremost - mastication. In the stomach the food is ground down further, mixed with gastric juices, digestion begins and fat is emulsified. The reduction of solid components is achieved as they rub against each other.

Alongside the mechanical and chemical/physical relationship between teeth and stomach, in any holistically oriented practice the energetic and informational correlations occupy a prominent place.

So far as the Stomach meridian is concerned, we are aware of its relationship to the upper molars (6 and 7), as well as the lower premolars (4 and 5). One peculiarity that should be borne in mind here is its intersection with the Large Intestine meridian (see Fig. 1).

This allocation reflects the significance of the molars for the whole digestive tract.

According to J. Diamond, the energetic replenishment of the meridians depends on the person’s mood. For the Stomach meridian this means that it is strengthened by feelings of contentedness, serenity and peacefulness, and also by being fulfilled or satisfied.

Dissatisfaction, disappointment, bitterness, hunger or emptiness have a negative effect.

If there is a shortage of energy the question arises: "How is the patient able to digest conflicts and problems?" In some patients the stomach reacts with acidity, producing too much gastric acid...
and starting to digest itself. Others attempt to masticate their food more, especially at night. This symptom, known as bruxism or grinding the teeth, is associated with serious wear and tear of the hard part of the teeth, or even with complaints of the temporomandibular joint.

The teeth are tools for biting, and symbolically they also represent "biting through" in conflicts. Physical development, particularly as regards dentition, and emotional development proceed in parallel.

**Development of the teeth**

When an infant is about six months old, then the milk teeth begin to come through. All the metabolic and digestive processes have developed to the point that more solid food can now be tolerated. From the first year of life at the latest, bottle-feeding should be given up. Children need sufficient opportunity to bite and chew. If the jaws and teeth are to develop well, this is important. The food should be of such a consistency that it must be chewed, and in this way the child learns subconsciously how to win through.

Unfortunately the notion is still prevalent that decayed milk teeth do not require treatment. Because the hard substance of the tooth is destroyed, occlusion is lost and children can no longer bite or chew properly. The result of this is a preference for soft food, and this can become well established during further development and nutrition.

Besides this, some children are showered with sweets as a
reward for good behaviour, since those closest to them are not in position to react with love. Hunger for love which is not satisfied recurs in both children and adults as a ravenous hunger for sweet things.

When they are young, many children have not yet discovered their limits for fulfilment and so they get into the way of stuffing themselves, which is accompanied by stomach upsets.

For most children the age of six means going to school, and this is accompanied by the eruption of the so-called "school teeth". Changes in the incisors are accompanied by the arrival of the first large molars (No. 6). We have found in practice that parents and child pay particular attention to the big new incisors, whereas less attention is paid to the less visible No. 6's. It is precisely these molars which frequently have carious lesions in children, and special care must be given to them when brushing the teeth.

It seems that, with the permanent teeth, nature has provided an additional tool, permitting us to bite better (and win through better), at the same time making digestion easier. Food can be chewed more thoroughly, thus protecting the stomach and gut from digestive problems. However, it is also a matter of better assimilation of "mental" contents. Parents who insist on their children starting school at five, often well before the eruption of the sixth-year molars, must be informed regarding these connections. The children lack a considerable amount of stability, which may later be expressed in lack of concentration and in digestive problems.

At the age of 9 or 10 the second dental change begins with the eruption of the remaining canine teeth and the pre-molars. For the growing child, once again a period of radical change lies ahead: puberty.

In some children, whilst undergoing orthodontic treatment, they may have the remaining first pre-molars (No.4) extracted, or else the absence of the second pre-molars (No.5) may be diagnosed. This can result in a displacement of the dental organic system.

Along with the wisdom teeth, it is the lower No.5's that are statistically the most frequently absent. Dr. Edelmann has described several cases of No. 5 teeth being absent, in which there was a predisposition to diabetes. From this the connection with the Stomach-Spleen-Pancreas meridian may be clearly seen.

The young person's final tool in order to bite/win through in the adult world comes at about 13 years of age in the shape of his two molars. Physical and mental development carries on, whereas so far as his teeth are concerned - with the end of root growth at the age of about 16-18, no further changes are on the agenda. (This does not apply to the wisdom teeth, which have their own rules for erupting and are therefore not included here.)

Then comes everyday life, and for many people this looks just as Bear Heart describes it: "Nowadays people have to go to work early, and so they quickly gulp something down and set off. This gulping down is not good. Their stomach may be full, but that is of no use, because their common sense and the gulping down were not in harmony. People think they are saving a lot of time by working during meals, and then they don't understand why they feel tired and have problems with their digestion."

In a holistic practice it is always important to check whether people actually chew at all and are therefore able to digest. It needs to be a part of taking the case to have a dental X-ray (panoramic) of the teeth taken in collaboration with a dentist. This shows all the teeth and the neighbouring areas of the jaw, both temporomandibular joints and the right and left maxillary sinuses.

From a panoramic X-ray one can obtain valuable information:
- regarding the state of dental change and the position of children's teeth;
- regarding the state of the roots and the parodontium;
- regarding the displacement or malformation of teeth;
- regarding the stresses to which the maxillary sinuses are exposed; and much more.
X-Ray findings from Practice

Case sample 1:
A 10-year-old girl had a panoramic dental X-ray taken, in order to check on the changes in her teeth. This showed that lower left pre-molar (LL5) was not in situ (Fig. 2). She was a very open-minded child with a strong tendency towards snacking. Physically this also showed clearly in the extra weight she had put on. The orthodontist saw no point in giving treatment, as the gap where the milk tooth had come out had more or less closed up. However, this young patient's physical state displayed her need of holistic treatment, and particularly regulation of the Stomach-Spleen-Pancreas meridian.

Case sample 2:
The panoramic X-ray image (Fig. 3) shows the findings regarding a 40-year-old patient who visited the practice with tremendous masticatory problems. He was very lean and pale, his skin looked dry and there were cracks at the corners of his mouth. Local examination revealed the loss of several dental crowns in the region of the molars and pre-molars. Carious lesions had been neglected for years and this had resulted in massive bacterial colonisation of the area, with the pulp tissue dying off to the point where the bone had become infiltrated. Cysts had formed, which may clearly be seen on the X-ray. (The largest ones are indicated by arrows, but others are clearly recognisable in the picture.) Cysts have a very destructive effect on the surrounding tissues and always act as a disturbance field.

As the case-taking proceeded, considerable digestive problems came to light, with feelings of fullness, heartburn and distention.

The patient's stomach was under stress from several quarters. For one thing, because his chewing zones were out of action, he could not chew solid food, and for another thing his Stomach and Large Intestine meridians were seriously disordered on account of the bacterial and cystic burden.

It is always important to explain the findings to the patients precisely, and to put them in the picture regarding the consequences of not undergoing treatment. Most patients whose teeth are in such a desperate state are extremely scared and need to be motivated a number of times with particular sensitivity - even if they claim to be free of symptoms - to go right through with the course of treatment.

The aim for this patient was the restoration of his masticatory function and removal of all the disturbance fields in his oral cavity. It is not always easy to give a precise duration time for the whole course of treatment, since the organism and the patient's psyche need to become accustomed to each new situation.
Here the following treatment plan was negotiated with the patient:

- Removal of all teeth not worth preserving;
- Surgical treatment to remove the cysts;
- Preservative and parodontological treatment of the teeth worth preserving;
- Fitting of a temporary prosthesis to maintain masticatory function;
- Accompanying holistic treatment to improve his digestive problems.

The precise nature of his final dental prosthesis was to be discussed later, once his overall state had stabilised.

Case sample 3:
Occasionally symptoms may become displaced because of the crossover of the Stomach and Large Intestine meridians in the dental area. Figure 4 shows the state that we found in a 51-year-old female patient, who came to our practice because of painless problems with her upper dentures. From the X-ray we suspected that, after the removal of the lower right molar (LR 7), filling material had been left behind, thus disturbing the natural regeneration of the bone. In accordance with the meridian allocation, the patient was asked whether she had any problems of the lungs or large intestine. Instead of these, she mentioned hyperacidity of the stomach, for which she had been having orthodox medical treatment for years.

NOTAKEHL is the main remedy for bacterial infections. NOTAKEHL 5X drops are suited to local use in the oral cavity; should the maxillary sinuses be affected, these can also be dripped into the nose. Where there is generalised parodontitis, NOTAKEHL 5X tablets can be placed in the cheek pouch and pushed from side to side with the tongue while the tablet gradually dissolves.

ARThROKEHLAN ‘A’ 6X is employed to boost the immune system, especially following extraction of teeth from an infected socket. It can be injected directly into the alveolus. (Caution: Do not destroy the blood clot!)

Where the Stomach-Spleen-Pancreas meridian is under stress, FORTAKEHL is indicated for regulation of the digestive problems. These can be influenced by using the drops in 5X potency; these are massaged in around the navel to assist the treatment of heavily burdened patients.

Where the lower No. 5 teeth are missing in children, PINIKEHL is indicated for stabilisation of the spleen and pancreas.

For many patients dietary change to strengthen the milieu constitutes a problem, requiring a certain amount of time and information. In the initial phase a mouthwash using ALKALA N is suited in combatting persistent excess acidity of the oral mucosa and teeth.
In order to detoxify the oral and pharyngeal region, chewing of oil, or rinsing with it around the mouth, are recommended.

Every patient is also instructed in the use of a tongue-scraper, since the same bacteria are found on the tongue as in dental plaque. The technique for cleaning the tongue is known from Ayurvedic medicine and is an important aid to dental and oral hygiene, so as to avoid halitosis, to stimulate the digestive tract and to improve the perception of taste.

**Conclusion**

Where patients of whatever age have stomach problems, one should always look for tooth-related causes. Some patients are unable to chew because of missing dental substance, and others have so-far-undiscovered disturbance fields in the area of mouth and jaws.

**Bibliography**


3. Bear Heart: Der Wind ist meine Mutter (= the wind is my mother); Verlagsgruppe Lübbe GmbH & Co. KG, 2001

First published in the German language in the SANUM-Post magazine (86/2009)

© Copyright 2009 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved