



A 5 year Old with an Injured Tooth and the Treatment with SANUM Remedies

by Kimberly Landino, N.D.



History of Present Condition

A five-year-old boy presented to his biological dentist's office two days after cracking his bottom left pre-molar tooth on the buccal side upon eating a meal. Due to the injury, about half of the composite dental filling already in place in the tooth was no longer existent. The boy was not in distress with pain, but felt that the tooth was un-comfortable due to its present jagged nature and also by the hole left in the tooth due to the partial missing composite dental filling. The boy chewed his food only on the right side of his mouth because of the injury.

Past Dental and Medical History

The boy still had all of his „baby“ deciduous teeth. He brushed his teeth twice daily himself, and subsequently, his parents turned to clean them additionally using a toothpaste/xylitol preparation (because of the anti-cavity producing property of xylitol) by dipping the toothpaste on the toothbrush into xylitol granules.

The boy was in health and was a growing, active five year old.

A history of dental caries was present with the boy (as well with his two other siblings). The pattern of decay was as follows:

The two top, front incisors never fully formed and were only halfway dropped down from the gums with the presence of decay at the inferior aspect of the teeth. Cavities were also present in the bilateral pre-molar teeth.

The boy had an addition of dental material added to the front incisors two years previous for aesthetic

purposes as well as to correct his dental bite and alignment of the top and bottom incisors. At this time, also, the composite filling was placed into his now injured left pre-molar tooth.

Assessment

Upon examination of the mouth, a dark grey line at the gum line of the injured tooth was present. The dentist took an x-ray, which revealed that the injured tooth was in fact „dead“ and the dentist believed that the tooth might be the first tooth that the boy would lose.

No fever as an indicator of infection was present with the boy. The boy did complain that the tooth was uncomfortable and that he could not chew his food on the left side.

Since a toddler, the boy had had visible superficial veins on his cheeks. He often had foul smelling breath possibly due to a lack of fresh vegetables in his diet, because he did not have an appetite for them. His parents were consistently offering fresh fruits and vegetables into his diet, but the boy preferred having carbohydrates in the form of bread, crackers, etc.

Treatment and progress

An addition of composite dental filling was replaced in the injured tooth. The biological dentist prescribed NOTAKEHL 5X drops and ARTHROKEHLAN „A“ 6X drops for topical application on the injured tooth. Both preparations were prescribed at a dosage of 5 drops of each to be rubbed into the area of the injured tooth twice a day for two weeks in order to prevent any occurrence of dental infection.

Experience has shown that NOTAKEHL is a proven remedy for the treatment of bacterial diseases, while ARTHROKEHLAN „A“ is particularly indicated in dentistry to avoid the spread of dental infections originating from carious teeth.

The boy received the drops as prescribed, and the tooth never fell out and an infection did not ensue.

The boy lost his first tooth at the age of six. The tooth lost was his front, bottom left incisor which follows the natural pattern of losing the deciduous teeth. The boy continued to brush his teeth with the toothpaste/xylitol mixture, and at the age of six, he had no dental cavities.

When looking at a dental chart that correlates the teeth with organs and diseases, interestingly, the bottom first pre-molars (the boy's injured tooth) are associated with the stomach meridian, vein marks on the skin, dyspepsia and dysbiosis. The boy did in fact have all of these symptoms.

Over time, his appetite improved and he started eating an organic salad and fresh fruits daily, while carbohydrates were limited. His foul smelling breath occurred only rarely, yet the vein marks on his skin were still present.

First published in Explore! magazine Vol. 16, No. 4, 2007

Published in the German language in the SANUM-Post magazine (93/2010)

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