



Isopathic Treatment of Mucosa and Teeth

**Mouth, environment and regulatory medicine:
Teeth and their treatment with Sanum remedies**

**The holistic treatment of common dental problems using Environmental
Therapy,
Isopathy and Homoeopathy**

**New methods for holistic treatment of dentogenic illnesses involving foci
of infection**

Dr. Thomas Rau, Switzerland



Introduction

One of the most important preconditions for successful treatment these days is a very close degree of integration of holistic dentistry into biological and regulatory medicine. Increasingly we are finding that dental foci of infection - sadly these are frequently iatrogenic - contribute causatively to chronic diseases. Whereas there is a general awareness these days of the amalgam issue, sadly there is much less awareness of the issue of dental root foci and the problem of endodontically treated teeth. In medical circles there is even less awareness of the very close relationship between the parodontium, the oral mucosa, the pharynx, and also the nasal sinuses.

In this article I should therefore like to report on what we are doing in our clinic towards the holistic medical treatment of oral disease, affections of the nasal sinuses and parodontosis. I should also like to report on how we employ treatments of the teeth and sinuses as reflex therapy for internal diseases.

Such diseases are almost always an expression of systemic environmental disturbances and are optimally susceptible to isopathic treatment. In fact, there are signs that in most cases the course of even chronic organic diseases can be influenced by logical environmental therapy and the healing of teeth.

The use of isopathic and immunobiological remedies, and of a few adjunctive therapies, will be demonstrated in concrete terms. Whilst dealing with the subject of parodontosis, I shall touch on the concept of meridians - partly in a representative way.

The mucosal system is extremely dynamic and must be regarded and treated in its totality. This also explains why the mouth and nasal sinuses must always be included in any treatment of chronic mucosal diseases, such as asthma, colitis, allergies and susceptibility to infections.

The **significance of teeth which are dead at the root** will be touched upon briefly, as will the possibility of avoiding endodontic interventions with isopathy and eliminative treatments.

There will also be a demonstration of **Stabident**, the new method developed by us for **intraossal injection of Sanum medicines** and non-surgical cure of infectious foci.

Sanum medicines and Homoeopathics in holistic dentistry.

Superb possibilities exist for the treatment of the teeth and oral mucosa, linked with the gingiva, but also the parodontium, not only with isopathic remedies, but also with complex homoeopathics. There will be an explanation of some of the most important remedies.

Systematology

There is an extremely systematic structure to the range of medicines produced by **SANUM** as is also the case with the complex homoeopathic remedies produced by **HEEL**. By way of explanation, we have produced the classification below.



Table 1

Systematology of the Sanum "Dental remedies"

Isopathics:

- alter the pathogenicity of bacteria
- alter the cellular metabolism and environment by influencing the symbionts

Notakehl (Amp/Tabs/Drops)
Mucokehl (Amp/Tabs/Drops)
Sankombi D5/5X drops
Nigersan (Amp/Tabs/Drops)
Pefrakehl (Drops/Amp)
Quentakehl (Amp/Drops)
Ruberkehl (Drops/Amp)

Immunobiologicals:

- similar to an inoculation, these alter the immune reaction, using bacterial toxoids or bacteria and enhance the activity of leucocytes and lymphocytes

Arthrokehl A (Amp)
Utilin (Amp/Drops)
Latensin (Amp)
Sanukehl Cand / Sanukehl Pseu (Amp)

Environmental Regulators:

Potentised metabolic products, base remedies,
trace elements

Alkala N (Base powder)
Citrokehl, Sanuvis, Formasan (Amp/Drops)
Mapurit (Caps.)

Dr. Th. Rau, 1997



Table 2

**Homœopathics for Treatment of Teeth
and of Mucosa in the Oral area**

Catalysts, Complex homœopathics, Nosodes
(For Sanum Remedies see separate table)

Enzymes, Catalysts:

Coenzyme comp. Amp. (Heel)
Ubiquinone comp. Amp. (Heel)

Homœopathic complex remedies:

Lymphomyosot Amp. (Heel)
Traumeel S Amp. (Heel)
Echinacea comp. S Amp. (Heel)
Mucosa comp. Amp. (Heel)
Solidago comp. Amp. (Heel)
Hepar comp. Amp. (Heel)
Tonsilla comp. Amp. (Heel)

Cell and Nosode Preparations

(there is a choice between the Suis preparations by Heel or the Cell preparations by Wala). The Nosode preparations in harmonic potencies (Injeel) have proved their worth. However, it is also possible to use nosodes from Stauffen in single potencies. Given below is an incomplete list of Heel remedies:

Gingiva suis Injeel Amp.
Os suis Injeel forte Amp.
Mucosa comp. Amp.

Kieferostitis Nosode Injeel Amp.
Sinusitis Nosode Injeel Amp.
Granuloma dentis Injeel Amp.
Penicillin Injeel forte Amp.
and nosodes of other antibiotics

Important:

**All these medicines must be combined with the Sanum isopathic and environmental medicinal products:
Their use is always therapeutic agents medium-long term!**

Dr.Th. Rau, 1997

**Explanation of the
application of some Sanum
remedies in the oral area**

Arthrokehlan A:

Detoxified filtrate from a culture of Propionibacterium acnes.

This bacterium was formerly known as **Siphonospora polymorpha Brehmeri**. From the pleomorphic point of view this is the most important microbe for dentistry. Exhaustive investigations by GEORGE MEINIG + VINCENT PRICE (USA) have demonstrated that, in all teeth subjected to root canal treatment - and therefore dead - these „slow bacteria“ were present and whilst decomposing, release toxins and form free radicals and are barely eliciting any granulocytological reactions, thus ensuring the chronicity of the infective focus. (DOSCH's definition of an infective focus: chronic sub-symptomatic inflammation with a distant mesenchymal reaction!) Arthrokehlan A **boosts the immune reaction** in old dental granulomas and chronic dental infective foci, so that these old foci may be dealt with.

It may be injected subgingivally, in the vestibular fold, or into the alveolus following an extraction. In the case of concomitant sinusitis, or chronic sinusitis, it may be used in nasal treatment.

We practically always use it as the main remedy in intraossal Sanum Injection (Rau's



method). (See description towards the end of this article.)

Arthrokehl A is injected at intervals of about 1 week; directly following the extraction of teeth which are dead or have root infections, 2-3 times a week.

Isopathics:

Notakehl D5/5X (Amp/Tabs/Drops) Absolutely the principal remedy for all bacterial problems in the oral area. It can be taken orally as tablets: 3 x 1 tablet daily to be dissolved in the mouth.

E.g. apply to the site of an infective focus in parodontosis, and let it dissolve there. Or apply to the alveolar cavity of extracted teeth and let it dissolve there.

Notakehl D5/5X ampoules are always injected immediately after an extraction, usually in combination with Injectio Lymphatica and Arthrokehl A, *into the alveolus, but also peridentally subgingivally*. Since we adopted this practice, we no longer use antibiotics. In the case of inflammatory concomitant symptoms, severe swellings, or following very traumatic extractions, we additionally administer Traumeel S Amp (Heel).

We also almost always administer Notakehl D5/5X ampoules in the case of sinus wash-outs (q.v.).

Notakehl D5/5X drops are used in parodontosis (q.v.) and in all forms of sinusitis. The drops are trickled into the nose several times daily.

Notakehl D5/5X drops also form part of the basic treatment in infantile otitis media and in

tonsillitis, trickled into the nose several times daily.

Pefrakehl D5/5X (Drops/Amp) is employed in a similar way to Notakehl, but rather for **chronic complaints that accompany candida or fungal infections**. It may also be used as a topical, gingival or nasal application.

Quentakehl D5/5X(Amp/Drops) A good medicine for **viral infections**, e.g. **stomatitis aphthosa**, but also, nasally, in influenza and recurring viral infections, at the acute stage. At the chronic stage we prefer to give Sankombi (see below) to improve the quality of the mucosa.

Fortakehl D5/5X(Amp/Drops/Tabs): this medicine is used to regulate the flora of the upper gastro-intestinal tract; in dyspepsia, campylobacter infections etc. it is prescribed nasally and orally (3 x 1 tablet). As an ampoule it is prescribed in sinus wash-outs (see below). It is of less use in the oral area. Stage 2 of intestinal flora regeneration (see item towards the end of this article).

Sankombi : Environmental treatment for the oral and dental areas!

Sankombi D5/5X drops: The chief remedy for topical use in all chronic problems of the mucosa in the oral-facial area. Always as a long-term treatment.

The results achieved are often absolutely remarkable, if at the same time the acid-base-environment is altered, i.e. there is a stabilisation of the

improvement achieved by Sankombi in the mucosal cells and symbiosis.

Sankombi D5/5X drops are a 1:1 mixture of Nigersan (*Aspergillus niger*, chondrite stage) and Mucokehl (*Mucor racemosus*, chondrite stage), and it has a deep intra-cellular action, as well as acting on an interstitial, mesenchymal level. It improves the metabolic transport by altering the interstitial viscosity, the flow of information and also the response to homoeopathic remedies.

The indications for Sankombi in the dental and E.N.T. areas are incredibly numerous:



**Indications for Sankombi
in**

**Ear-Nose-Throat and
Dental areas:**

- Susceptibility to infections
(after starting treatment with Notakehl)

- chronic sinusitis
- chronic rhinitis
- blocked tear-canals
recurring stomatitis aphthosa

- pollinosis, between acutes
(treat in acute stage with Ruberkehl)

- asthma (adjunctive treatment)
- lichen ruber planus (always clear Hg!)
- chronic recurring otitis (between acutes)
- chronic recurring tonsillitis
(between acutes)

**In all chronically recurring infections we recommend
that treatment be combined with REBAS D4/4X caps.**
(also for long-term use, 2 x 1 caps. daily. Caps. to be
opened and trickled into the mouth or nose)"

Thomas Rau MD.

**Albicansan D5/5X (Drops/
Amp)** (Caps. not used in oral
treatments)

A very effective medicine in
treatment of the mouth. It is
effective not only in **Candida
albicans** - as its name might
suggest - but in all mycotic
problems, since it acts not only
isopathically by reduction of the
pathogenic high valencies of
Candida saprophytes, but also
raises the T-lymphocyte count and
activity.

**However, Candida albicans in
the oral area, as well as in the
gastrointestinal tract, is always
an environmental problem and
therefore requires intensive
treatment on the environmental
level. This involves de-
acidification using Alkala N,
application of mineral material
(e.g. Mapurit 2 x 1 daily) and
detoxification inter alia of the
mercury load which is usually
present.**

**Ruberkehl D5/5X (Drops/
Amp):** For allergic complaints
such as pollinosis, asthma, as a
long-term prescription and most
effective when applied nasally.
Aspergillus ruber is a fungus,
occurring extensively on damp
plants in spring and early summer.
It has been implicated in
pollinosis insofar as it is carried
by the wind, along with pollens,
in windy situations, is identified
by the organism as a foreign
protein and thus has an allergenic
action. On the one hand,
Ruberkehl reduces the pathogenic
high valencies, according to the
laws of pleomorphism; on the
other hand it stimulates the T-
helper lymphocytes, acting as an

immune stimulant, and this
explains its action on pollen
allergy.

We employ Ruberkehl in long-
term treatments, trickling it into
the nose (2-4 x 6-8 drops),
commencing 1-2 months before
the pollen season and then
throughout it; this is followed
with Sankombi drops until the
next pollen season, likewise
nasally administered on a daily
basis.

Ruberkehl D5/5X ampoules are
also employed by us in nasal
treatments for patients with
allergies.

Like algae, Candida bonds to a
high degree with the quicksilver
which leaks from amalgam
fillings. Thus, if the Candida is
reduced by Albicansan treatment,
there may be an initial release of
„Candida toxins“ and mercury in
particular into the system. This
may temporarily result in strong
symptoms.

This explains the initial
aggravation which is sometimes
observed after Albicansan -
something which is not seen with
any other Sanum isopathic
remedies.

The dosage of **Albicansan** drops
should therefore be built up
gradually, beginning with 1-2

drops twice daily, then increasing by one drop per day, until a dosage of 2-10 drops daily is reached. These should be held in the mouth for as long as possible and then swallowed.

Albicansan should preferably be prescribed along with Sankombi, to improve the cellular environment (see above).

Indications for Albicansan in the mouth and oral area:

- **Stomatitis aphthosa** (along with Quentakehl drops, Mapurit, Vit. A.)
- **Dyspepsia / Oesophagitis/ Hyperacidity** (always combined with Alkala N)
- **Oral thrush**
- **Lichen ruber planus**
- **Asthma** (initially combined with Ruberkehl, later with Sankombi)
- **Burning of the tongue** (liver treatment and Alkala as well) Susceptibility to infections.

Parodontosis and Mucosa, Intestinal environment and Sanum treatment

This chapter will be covered only very briefly below, and in tabular format. Parodontosis is extremely closely linked to the mucosa, but also to the meridians.

Thus, in considering individual teeth affected by parodontosis, links may be established via their meridians with the associated organs; these and the meridian itself must be included in the treatment.

Should parodontosis occur in correlated teeth on the same meridian (RAU's concept of

„**Meridian-Parodontosis**“), treatment may confidently be undertaken on the basis of an energy disturbance of this system.

Generalised parodontoses always come under the heading of internal disease and **diseases of the whole mucosal system**, and must always be addressed with systemic treatments.

Therefore we have shown in a table the necessary **hypo-allergenic diet for cleansing of the mucosa**, devised by Dr. Werthmann (and slightly modified by Dr. Rau). Likewise we have also shown the **restoration of symbiosis**, according to Dr. Rau, without which a localised treatment of parodontosis will scarcely ever be successful.

In the case of parodontosis in general one should always bear in mind disruptive factors such as **heavy metals, altered pH and galvanic currents in the mouth**. So long as all these factors are taken into consideration, along with the nasal treatment of FERRONATO and RAU, treatment of parodontosis is always successful. As an easily visible disturbance of a problem of the whole mucosa, parodontosis falls within the domain of biologically regulative treatment, and of Sanum treatment in particular.



Parodontosis

Forms:

- **Parodontosis of single tooth**
- **Meridional parodontosis**
- **Generalised parodontosis**
- **Atrophic-degenerative form**
- **Hyperplastic form -**

Parodontosis: Aetiologies

- **Intestinal disturbances / Dysbioses -**
 - **Amalgam / Dental currents -**
 - **Problems of Statics -**
 - **Sinus problems -**
- **Meridian-associated disturbances / Distant organs -**
 - **Hormonal disturbances -**
- **General degenerative tendency -**
 - **Congestive tendency -**

1997, Thomas Rau MD.

PARODONTOSIS the holistic treatment

- ** Cleansing of dental infective foci
- ** Removal of galvanic phenomena
- ** Treat disturbance of the meridians
(Distant organs as aetiology, inter alia in isolated parodontosis)
 - ** Altered saliva
(Basal treatment using Alkala, diet, abstaining from nicotine)
 - ** Isopathic treatment
(Notakehl swabs, Pefrakehl, Arthrokehl, Nosodes)
 - ** Toxins/Amalgam
 - ** Neural therapy, Cellular therapy

Restoring the Intestinal Flora according to Th. Rau MD

Environmental treatment:

- Alkala N
- Multimineral tablets or Algæ -

Intestinal mucosa:

- **Mucosa comp. Amp.** (Heel)
Twice daily, 1 amp. to be injected at M25 point or drunk)
- **Dr. Werthmann's diet** -

Intestinal flora:

- Initially: **Fortakehl D5/5X, 3x1 tabl.**
- Then: **Pefrakehl caps or drops, 2 wks.**
- Then: **Sankombi D5/5X drops, 2x10** or -
Mucokehl and Nigersan

Immune stimulation: in chronic infections, colitis, etc.

- **Utilin and Recarcin (Sanum) caps., 1 of
each weekly** -
- **Rebas D4/4X caps. (Sanum CH) 2x1 caps./day**

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Dr. Konrad Werthmann's Hypoallergenic diet, as modified by Dr. Thomas Rau MD:

Forbidden foods:

- **Cow's milk products** (all: milk, yoghurt, cheese, quark, butter, cream, ices, etc.)
- **Hen's egg products** (all, incl. biscuits, cream desserts, pancakes, mayonnaise, etc.)
- Pork, sausages, etc. (anything from the pig!, because of sutoxins and histamine, and because of Arachidonic acid)
- **All meat from mammals** (because of endobiotic contamination with valencies of Mucor)
- **Tropical fruits and their juices** (initially for several months, and thereafter only in the mornings, as otherwise they may cause strong fermentation)
- **Nuts** (apart from almonds and cashews, as nuts are allergenic)
- **White sugar** (permitted sweeteners are pears, maple syrup, honey and saccharin)

Permitted foods:

- **Goat- and ewe's-milk products in small quantities** (high in calcium)
- **All vegetables** (initially best lightly steamed, since raw not easily broken down on account of pancreatic weakness, leading to fermentation)
- **Cereal products, incl. eggless pasta**
(Semolina pasta = Italian pasta)
- **Potatoes and chestnuts** (very basic), in the evenings jacket potatoes are ideal (i.a.)
- **Meat: only poultry or fish**, and only once a week! In re-tuning the acid/alkali balance and regenerating the mucosa, it is most important to avoid animal protein.
- **Fruits** (all fruits only before midday, and no tropical fruits)

This diet must be followed for several months!

The significance of dead teeth for the organism as a whole

If a tooth dies, its pulp decomposes necrotically. Products of necrotic decomposition are formed, giving rise to a leucocytic reaction. The consequences are invasion by granulocytes, decay and proteolytic digestion.

The intensity of endodontic inflammation depends on the circulation. It sometimes happens that resorptive inflammation acts insidiously, developing either into a dental granuloma or, in the case of even slower reaction, into a hyperostotic peristatic reaction. Modern endodontics (root canal filling) diminishes the proteolytic and leucocytic digestion of the dead tooth almost completely. The dead tooth is not rejected in an expulsive reaction, and a chronic infective focus forms, since the necrotic proteins remain locally, either being deposited or decomposed fungally, as in mummification. Aspergillus will become established. For this reason, when treating any tooth which is dead at the root - also where there is a degenerative disease-picture - we employ the Sanum Aspergillus preparations.

The necrotic proteins of dead teeth are highly toxic. Therefore toxic products will be formed in the pulp of dead teeth, such as sulphurous toxins (**mercaptans, thioether, and carcinogens such as indol, skatol, tryptophan and free radicals**). This explains why investigations in the USA have



revealed that the occurrence of carcinoma increases with the frequency of root canal treatments. (DR. WESTON PRICE, described in great detail in GEORGE MEINIG'S book: „ROOT CANAL COVER-UP - Damage to your Health.“ Bion, Ojai, California, ISBN 0-945196-19-9).

In another investigation it was revealed that - in Myelin-defective areas of the spinal cord in MS patients - the same toxins could be found as in the dead, root-canal-filled teeth of MS patients.

These new investigations also confirm our clinical observations, which showed that not a single one of our many MS patients suffered any aggravation or new thrust of their MS following methodical dental cleansing, including removal of all root-canal-treated teeth and amalgam fillings.

We consider these toxic products to be of great significance, both from the mesenchymal point of view, and also as causative factors of disruptive foci of infection. The somewhat inert system of the dead endodontium fulfils all the classic preconditions for the development of a chronic disturbed focus of infection, since toxins remain latent over a lengthy period of time, blood circulation is prevented and with it any possibility of proteolytic processing of the toxins. Thus bacteria (so-called „slow bacteria“) are able to multiply in

delayed action: Siphonospora, for instance.

In Dr. Peter Dosch's Manual of Neural Therapy we find the following descriptions of the Focus of Infection and the Disruptive Field:

A Disruptive Field is an active, neurohumoral area of altered tissue, which has a distant action via neural or autonomic pathways.

A Disruptive Focus of Infection is a sub-clinical, localised chronically inflamed site, which has a distant action via bacteriotoxic, mesenchymal pathways.

Disruptive Fields and Foci of Infection bring about an alteration in the environment and mode of reaction of individual organs, or even of the whole organism.

Where there exists an inherited or acquired predisposition of an organ, the result will be the disease dictated by the Disruptive Field.

The nature of any chronic disease may be conditioned by a Disruptive Field or Focus of Infection.

(Peter Dosch - Lehrbuch der Neuraltherapie nach Huneke, Haug Verlag)

The above-mentioned **colonisation by bacteria** is obligatory in all dead teeth,

including those affected by root-canal treatment. Thus in an examination of over 30,000 dead teeth, the presence of **Siphonosporum polymorphum Brehmeri** was demonstrated. (See also above under Arthrokehlan A). Enderlein also described this as an indication of a degenerative and carcinogenic burden. Therefore we use **Arthrokehlan A**, the specific indicated immune stimulant, locally and systemically, in any treatment following extraction of dead teeth, but also in any odontogenous affliction associated with a disruptive focus of infection.

Even when a root canal treatment is perfectly performed, endodontically speaking, it cannot prevent this disruptive field action, since the millions of minute or larger sub-canals in the dentine also contain proteins, and these cannot be filled.

As well as this, root filling materials are introduced into the pulpal spaces, precisely in order to minimise any rejective reaction. These favour the formation of disruptive foci, i.e. the development of sub-clinical reactions and, once again, can have mesenchymal and neuroendocrinological effects, since they contain cortisone in some cases, toluols in others, and almost always antibiotics.

For all these reasons it is easy to see that dental foci, i.e. teeth dead at the root, particularly satisfy the criteria for disruptive foci of infection, and this is why they so



frequently produce (unwanted) effects.

This disruptive action of dead teeth takes place on various levels:

1. Toxic-mesenchymal action by means of necrotic proteins, bacterial toxins, root-filling materials;
2. Localised necrosis and sub-clinical inflammation: action via meridians;
3. Alteration of the local environment and localised dysbiosis (Siphonospora);
4. Galvanic problems to do with metallic fillings.

1.) The treatment of toxic phenomena and necrotic proteins:

In our view, root-canal filled teeth should be removed without question, since they always have a toxic and bacterial effect. This effect is particularly dire if, e.g., the Lamella corticalis of the alveolus is breached as a result of over-filling, and the infectious matter can soak diffusely into the surrounding spongiosa.

Such is very frequently the case, and it may also be seen from the fact that, after removal of teeth with a focal root infection, residual ostitis may set in as an expression of the surrounding, uncleaned spongiosa, or of compacted alveolar material which was left behind when extraction took place.

For these reasons, **whenever a dead tooth is extracted, the compacted alveolar material must also be cut out with a root-**

trimmer, and the site must continue to be treated with Sanum medicines (Arthrokehlan and Nigersan).

Dead teeth always cause damage, even though apparently they are still being compensated. Should they become a burden, then they burden the body within the mesenchymal system, and also via meridians.

This may be compensated until a decompensation is caused by some possible „second blow“ (Speransky's term) to the meridian, or by some genetically predisposed organ.

After the tooth is extracted (or instead of this, as a compromise), there must be detoxification and support of the meridian.

Detoxification Treatment

Local infiltrations to the tooth or alveolus with:

- **Injectio lymphatica 1 ml. (if necessary also „just“ Procain 1% 1 ml.)**
- **Nigersan D5/5x Amp.**
- **Arthrokehlan A Amp.**
- If the situation is very degenerative: **Viscum forte C (Heel)**
- If the situation is more plethoric: **Mucokehl D5/5X Amp. and Sanuvis Amp (Sanum)**

Systemic Detoxification Treatment

This must be carried out on a very individualised basis, according to which organic systems are to be stimulated first of all, and the

patient's constitutional type. According to which tooth is affected, the appropriate functional circuit should also be cleansed: e.g. in the case of front teeth the kidneys and bladder, using e.g. heat treatment, hot foot-baths, and also Solidago, Formasan (Sanum).

The „digestion“ of proteins should always be stimulated, since the toxins stored in the tissues are predominantly proteins.

Therefore the following medications, for instance:

- **Enzymes, e.g. Wobenzym or Phlogenzym, or Wobe mugos 3 x 2-5 tabs.**
- **Liverstimulation: Liv 52 3x2 or Toxex (Pekana) or Hepar comp.**
- **Lymphomyosot drops 3 x 20.**
- **Chelation treatments: Infusions of EDTA, in combination with Mineral and Trace element supplementation** are a very intensive form of detoxification therapy. Endotoxins are bound as compounds, chelated, and excreted renally. This treatment is rather costly, but extremely effective. It is carried out once or twice a week under medical supervision, up to a total of 15-30 treatments. As a detoxification therapy, we reserve it for patients who have cleansed their teeth, who have additional problems involving heavy metals, and also patients with serious neurological problems or toxic livers.



2.) + 3.) The treatment of localised necrosis and altered environment or localised dysbiosis:

Infection with Siphonospora: this has been extensively discussed above.

- **Arthrokelan A Amp. in Neural Therapy**, as described above.
- **Alkala N as a powder:** use for cleaning the teeth and rinse the mouth/ gargle/ swallow several times a day.
- poss. **Notakehl D5/5X Amp.**, but only a few doses, then switch to **Nigersan D5/5X Amp.**
- the sub-clinical inflammation, which always represents a focus of infection, is treated by boosting the metabolism with e.g. Coenzym comp. Amp. (Heel), Formasan Amp. (Sanum) or Viscum forte c. (Heel).
- Arthrokelan A is initially injected topically, at intervals of ca. 1 week, then continuing for several months intramuscular, ca. once every 2-4 weeks.

Environmental treatment: The oral environment, likewise the environment of the nasal sinuses, must be cleansed along with every dental root infection. See above: **nasal irrigation/intestinal cleansing/localised treatment of parodontosis!**

4.) Oral galvanic currents as disruptive factors:

Oral galvanic currents occur very frequently and yet are hardly ever taken into consideration.

These can occur as a result of various alloys in the mouth, which form compounds via the saliva as a conductor, and - as in the case of a battery - they produce currents, i.e. electrons circulate in voltage gradients. (See article by DR. KRAMER). As a result, the galvanic alloys are broken down and ions of the galvanic elements are released, e.g. silver ions; others include mercury ions, etc. These are then able to develop their highly toxic action. Thus it is not the mere presence of e.g. mercury that is harmful, but the fact that it is only really released in the presence of metal alloys.

The creation of galvanic currents depends not only on the elements present in the alloys, but also on the acid in which they are stored, as we know from the common torch battery, which operates on precisely the same principle. Therefore the acid content of the saliva is also of major significance.

Now it is also worth mentioning that in most cases root canal fillings contain radio-opaque ions, since they have to be visible under X-ray. Thus these fillings, *particularly root pins*, play a part in the generation of galvanic currents.

These oral galvanic currents may have various effects:

A depression of the stimulus threshold for nerve depolarisation. (Resulting in neuralgias/irritation of mucosa, etc.).

Stimulation of the meridian at the sites of teeth which have been root-filled.

Release of galvanic metals/ions (resulting from severe metallic ion intoxication)

The diagnosis of oral galvanic currents is uncommonly simple:

A simple measurement of dental current can be performed in any medical practice.

The voltage and intensity of the current may be measured in millivolts or milliamperes using quite a simple galvanometer.

In our clinic this is carried out using a VEGA TEST MACHINE,

with which a measurement cable is supplied; with this, dental currents can be measured very easily, and the measurement takes only a few seconds.

The potential between two fillings and/or between the filling and the gingiva is measured, using two electrodes.

The upper limits are set at 0.1 milliamperes and 0.8 volts. It is astonishing how many patients exceed these limits!!



It would actually be important to know the current overall, and for this reason there are instruments available which provide this information in graphic form; for instance, the galvanometer supplied by Eidam Electronics. This measures the current flowing continuously over a period of one second. The intensity of the current drops within a second, as also occurs with the discharge from a capacitor.

Such a galvanic examination requires very little time, is very informative, and motivates the patient, who realises how much damage his teeth are doing.

A measurement of dental currents forms a part of the biological-holistic examination of any new patient.

(You are invited to imagine the amount of damage which such an ongoing material electric current, giving a high reading, must inflict upon a patient! Is there any point or relevance in carrying out subtle measurements, and do we, as physicians, stand any chance of successful healing with subtle therapies and energy medicine in the face of the millionfold superiority of such electrical phenomena?)

A quote from Enderlein, coming from a different angle: „Is it possible for us to treat people along regulative lines, so long as the body-environment remains uncleaned?“)

The treatment of dental currents:

With mineral supplementation: Magnesium, possibly in combination with Vitamin E and B-complex

- **Mapurit caps.** (Sanum) 2-3 x 1 daily, over several months:
on the one hand these alter the release of ions, on the other hand they alter the stimulation conductivity and depolarisation of the nerves, in complaints such as neuralgias
- **Alkala N powder** alters the pH of the saliva, which in turn affects electrical charges.
- **Silicea D60/60X** or **Equisetum drops** (Ceres) alter the patient's „antennae“, i.e. the sensitivity of the tissues to electrical currents and also to geopathic stress.
- **Dental cleansing / removal of amalgam / removal of root fillings.**

The treatment of electrically generated metallic ion intoxication:

A significant factor in the creation of heavy metal intoxication is the release of heavy metal ions through electrical activity.

When treating heavy metal problems, therefore, *oral electric currents should always be taken into consideration!!*

Positively charged minerals, electrolytes and trace elements must be liberally prescribed as antagonists:

- Magnesium (Mapurit)

- Calcium
- Manganese, zinc, potassium
- Selenium (in an organic compound as Selenmethionin Biofrid)
- Germanium (this has unfortunately been withdrawn from sale).



Table: Treatment of dental disruptive foci following extraction:

Follow-up treatment of disruptive dental foci following extraction:

On the day of extraction: Combined injection made up of:

- Arthrokehl A Amp.
- Notakehl D5/5X Amp.
- Traumeel S Amp.
- Procain 1% 1-2ml.

Plus: Inversion therapy with Vegaselect

Plus: Pulsating magnetic field, ca. 30'

Then: once weekly:

Combined injection in the alveolus, made up of:

- Arthrokehl A Amp.
- instead of Traumeel: Viscum forte comp.
- Os suis Injeel
- Granuloma dentis Injeel (if granuloma was present)
- Nigersan D5/5X or Pefrakehl D6/6X Amp
- Procain 1%

Systemically:

- Treat the meridian matching the tooth which was removed
- Alkala N
- Parodontosis treatment (see above)
- possible regeneration of intestinal flora or colonic irrigation

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Treatment with intraossal isopathic injections in the maxillary area, in chronic maxillary otitis (= Isopathic-Homoeopathic Stabident Treatment)

Should it prove impossible to cleanse a maxillary infective focus completely by extraction of the tooth, or should chronic otitis develop subsequently, then up to now it has been necessary to address this with maxillary surgery. However, these surgical cleansing procedures are extremely costly and so risky that in most cases they are not performed.

Up to now there has been a possible alternative in the shape of Neural Therapy on the jaw or the tooth. However, this procedure is mostly unsuccessful, since the neural therapeutic substance does not reach the focus within the jaw. Therefore we have developed a method which permits the **intraossal injection of medicinal substances directly into the maxillary infective focus.**

We call this method

Dr. Rau's **Stabident injection of isopathic and homoeopathic medicines.**

For this we employ a fine drill (Stabident drill) which has the same diameter as a grade 20 needle.

Following administration of fine local anaesthesia, the drill bores into the maxillary



infective focus (**never** into the tooth) at low speed.

Following this, the needle of a hypodermic syringe, having exactly the same diameter as the borehole, is inserted into it, so that the bored channel is completely filled by it and will not leak. It is now possible to inject into the maxillary infective focus and its surrounding area ca. 2ml of the medicinal solution.

Since the infective focus is situated within a structure of bone and spongiform tissue, the infiltration involves no effort, and

the 2ml. can mostly be injected without any significant pressure.

According to the nature of the infective focus it is possible to choose medicines which either primarily target the bone growth (in areas of hypodensity) or else primarily the transformation of the bone and the bacterial residue (in hyperdense foci).

Since chronic maxillary foci mostly reflect old problems which developed over the years, this **isopathic Stabident treatment** must be carried out on a long-term basis, i.e. several times.

We apply it at intervals of 2-5 weeks, up to a total of 3-10 times.

We have seen impressive results from this treatment, chronic patients experiencing powerful changes, even becoming totally symptom-free following the injections and lasting longer after each infection. Thus we were able to confirm fulfilment of the classic criteria for removal of disruptive foci (established by DOSCH and HUNEKE), which had not been the case previously, using conventional Neural Therapy on maxillary foci.

Indications for Stabident treatment with isopathic medicines:

- Hypodense ostitis after old extractions
- Hyperdense ostitis and "cementoses" in old bacterial dental foci.
- chronic dentogenous disturbances of the meridians, with negligible radiological evidence but positive thermography / Voll's electro-acupuncture.
- Dental disturbances with meridional involvement, insofar as there has been no change under conventional Neural Therapy.
- Apical granuloma in living teeth
- Subsequent treatment following surgery to the jaw, e.g. following removal of root residues.
- For elimination of heavy metal residues.

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We have also been able to see old, chronic, hypodense ostitis cases cured. Rost's Regulatory Thermogram readings showed a quite considerable alteration in regulation.

Side-effects are rare. Where they do occur, these are mainly strong regulatory reactions to the treatment, including reactions to the use of Viscum or a tiny drop of DMPS. Both cellular treatments and the Sanum medicines are very well tolerated; environmental treatment should invariably be used adjunctively. The injection is very easy. The only thing to be borne in mind is that the root of the tooth should not be injected, but rather the surrounding area. The injection can be carried out during a visit to any doctor's practice.

(Enquiries re. Stabident drills should be faxed to Dr. Rau: 0041-71-335 71 00.)



Medicines for Stabident Infiltration

Those most frequently used:

(Sanum unless otherwise indicated)

- Arthrokehl A Amp.
- Procain 1% or Injection Lymphatica 1 ml.
Nigersan Amp. D5/5X (in chronic degenerative cases)
- Notakehl D5/5X Amp. (acute bacterial cases)
- Sanuvis Amp. or Citrokehl Amp.
- Coenzyme comp. (Heel)
- Viscum comp. forte (Heel)
- **Latensin** (1/2 Amp. at the most in each injection)
- **Selenase Amp.** (likewise only 1/2 - 1 Amp. per injection)
- Cell preparations or nosodes (Heel, Wala)
- Os suis Injeel / Granuloma dentis /
Kieferostitis nosode (Heel)

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