

The Frequent Involvement of "Vital" Teeth In Focal Disturbances

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Abstract: By means of X-rays and accepted clinical examination methods it is extremely difficult to ascertain changes in the dentin and pulp when severe morphological signs are not yet present. An histological examination always requires an extraction. Bacterial presence in the dentin shows the close relationship of the teeth with the entire organism. Although conventional methods give no picture of the energetic situation, its presence cannot be denied. Since energetic processes precede the detectable morphological changes, an EAV test (Electroacupuncture According to Voll), can be of great assistance, revealing within minutes whether focal disturbances are the reason for the patient's resistance to therapy. This EAV test can give us a clear picture of the situation in the pulp and dentin.

WHEN dealing with therapy-resistant cases, the physician and dentist are daily confronted with the problem of having to search for hidden causes or disturbances which block a specialized therapy. In this context the question of focal points or fields of disturbance arises again and again. The dentist is torn between two extremes: the denial of the focus problem and the demand for radical removal of every even slightly suspicious, tooth.

In the tooth, mouth and jaw area the search for focal points by means of the traditional methods (inspection of the oral cavity, periodontal pocket measurement, vitality check, X-ray film, etc.) gives appropriate information and offers a basis for specific treatment. And

yet, sufficient cases remain where after the odontogenic focal restoration (elimination of devitalized teeth, apical ostitis, cysts, malpositioned teeth, parodontal treatment), the final results are unsatisfactory. The distant disturbances—considered to be caused by a focus when making the diagnosis—are only improved in part or not at all. If, after examination by a specialist, there is continued suspicion of a focal area, the search for it has to be extended to previously unknown stress factors. So far as the dental specialty is concerned, the dentist faces the task of dealing with teeth which, by previously accepted standards, may all be intact. Every healthy tissue is in a state of flowing balance which is documented in different ways. The answer is dependent on the kind of examination method used by the dentist. All methods have in common values for the normal physiological condition (health) and deviating pathophysiological values which are recognized as being characteristic for certain diseases.

EAV Measurement Points

In EAV (Electroacupuncture According to Voll) energetic values are measured, namely at measurement points which are specific for each organ, respectively organ system. When an organ is irritated (premorbid phase with disease disposition and lowered resistance),

one will obtain measurement values which differ in a typical fashion from the value of the normal physiological condition.

There are six specific measurement points (MP) for the tooth, mouth and jaw area, each of which represents the energetic situation in a precisely defined area (for more details see papers by Dr. Voll listed at the end of this paper). By means of specific medications it is possible to bring a jaw measurement point which is showing an irritation or inflammation value down to the normal value. The examiner can form his diagnostic opinion on the kind of disturbance in the particular jaw section. Details on EAV, its technical procedures and integration into general medicine are not the subject of this paper, but can be learned at EAV seminars).

Inasmuch as the jaw measurement points represent 4, respectively 8 odontons, further differentiation is required. This is done by means of the electrical stimulation test which makes it possible to test one odonton—with or without tooth—out of the closed row of teeth and thus obtain a picture of its energetic situation. A precisely measured electrical stimulus will have a different response from a healthy odonton than from a diseased odonton. The response — in an energetic sense — is measured. The EAV physician and the EAV dentist can reach a diagnostic conclusion from this response.

The EAV Stimulation Test

By means of the electrical stimulation test, teeth were found whose energetic condition was recognized as divergent from the normal. Once again it has to be pointed out that teeth are involved which are considered vital according to the vitality checks customary in dentistry (temperature sensitivity measurements, drill pain, etc.). The teeth were either crowned, filled or completely untouched. Decayed teeth were not included in this line of tests. Teeth with secondary caries below fillings were also excluded. The energetic disturbances noticed at these teeth appeared so unfavorable in relation to the illness of the patient and his energetic overall situation that

an extraction was performed. Since, apart from the above mentioned changes (crowns, fillings), no externally noticeable hints were apparent for a pathological or premorbid process, clinical and energetic findings were in obvious contrast. Therefore, these teeth were examined pathologically. It has to be emphasized that not the oral surface of the teeth which were in contact with the mouth flora were examined but the bacterial growth from the layer close to the pulp, the dentin. For details see "Lodenkaempfer, *Phys. Med. und Rehab.*, 7/1972.

On examination of 60 teeth the following results were obtained:

mixed culture (anaerobic & aerobic growth)	42
predominantly anaerobic growth (anaerobic and microaerophile streptococci)	2
exclusively anaerobic growth	5
exclusively aerobic growth	6
sterile	5
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In particular, the following types were found with subgroups:

- Aerobacter aerogenes
- Bacteroides
- Fusobacterium
- Staphylococcus
- Peptococcus
- Peptococcus (gangrenous)
- Veillonella
- Streptococcus viridans
- anhaemolytic Streptococci
- Enterococcus
- microaerophile Streptococcus
- Lactobacillus
- aerobic Corynebacterium
- anaerobic Corynebacterium

Eight pure cultures were found:

1. Anaerobic growth:	3 teeth
Corynebacteria	2 teeth
Lactobacillus	1 tooth
2. Aerobic growth:	5 teeth
Aerobacter aerogenes	1 tooth
aerobic Corynebacteria	1 tooth
Enterococci	2 teeth
Streptococcus viridians	1 tooth

The pure culture is a relatively rare finding. It is all the more striking that a pure culture of

Enterococci was found in two cases. Mostly two or more types of bacteria were accounted for in one tooth. Eleven teeth alone were in the culture media where five different types of bacteria were found. One tooth had seven different types of bacteria.

In view of these findings regarding "vital" teeth the question arises of how they can be integrated into the dental and general medicine's mainstream of thought?

This can best be explained by an example from the daily practice of an EAV-dentist: A 50-year-old female patient suffered from severe circulation problems and was under constant care of an internist. Due to therapy resistance the internist suspected odontogenic foci. All previously conducted dental treatments were of excellent quality (inlays, crowns, bridges). As teeth and jaw sections appeared within normal limits on the X-ray films and the vitality check revealed only vital teeth, the EAV test was performed. The measurement values definitely showed a right-sided focal process of the head which could be traced to the tooth, mouth and jaw area. For differentiation, the electrical stimulation test was made. Three ampoules of the nosode Gangrenous Pulpa 3x had to be utilized for tooth 47, in order to balance the energetic disturbances. After balancing the appropriate jaw measurement point, the values hypothalamus on the right decreased by 4 and measurement point circulation right, by 18 graduation marks on the measuring scale toward the direction of normalcy. By this, the distant effect of this tooth could be demonstrated and at the same time proof for the strain, which a beginning gangrene of the pulp exerts on the organism. No morphological diagnosis was made, rather an energetic one. Following surgical removal of tooth 47, the circulation problem disappeared without further treatment by the internist. The bacteriological examination result showed a pure culture of Enterococci from the dentin of the tooth. This suggests the presence of a severe infection according to general bacteriological experience, according to Lodenkaempfer. This example was only to demonstrate the necessity for an extended search

for foci in therapy-resistant cases, as well as, in brief, explaining the procedure by means of EAV. The demonstrated procedure can be regarded as an example for the complete series of tests (Thomsen, *Phys. Med. und Rehab.*, 8/1972).

The bacteriological finding "Enterococci" is not specific for the EAV diagnosis of the nosode Gangrenous Pulpa. By properly tested utilization of this nosode the EAV dentist obtains an idea of the energetic situation of the tooth—if existing—in relation to other organs, whereas no statement can be made as to bacterial growth.

Few Reaction Forms

As is generally known, the organism is deficient in reaction forms in order to respond to specific stimuli in a specific way. It is therefore not surprising that for various bacteriological findings in the dentin adjacent to the pulp the same nosodes have to be used in the EAV test. The nosodes utilized most often for changes in the teeth which are not noticeable clinically and radiologically are "gangrenous pulpa" and "chronic pulpitis."

One can gather from the aforesaid that nosodes are more complex than can be conjectured from the name alone. There is the danger of identification with the clinical diagnosis of gangrenous pulp, i.e., chronic pulpitis. Further possibilities for differentiation consist in utilizing, according to the severity of the disturbance, various concentrations (potencies) of the matching nosode, until the scale of the Dermatron shows a normal value. Thus a tooth can be excluded from the suspicion of a focus even in a positive sense. In borderline cases the dentist will use his conventional methods. In order to utilize all treatment possibilities, biological and antihomotoxic medications can be used which will be more effective when tested by means of EAV. This has been pointed out by several authors. An EAV followup examination has to be made in intervals of weeks and months. By comparison of two or more tests the course direction becomes noticeable.

It is known that the dentin is supplied with substances from the blood via the pulp as well as the parodontal tissue. Penicillin G, administered intramuscularly, reaches the dentin liquor and is also eliminated again. In this context, the five sterile teeth from the testing material of sixty teeth should be mentioned. The following case history can be used for the purpose of illustration:

An electrical stimulation test was performed on a 55-year-old female patient in mid-June 1969, for differentiation of focus testing of suspicious odontons. Within the scope of this paper, only the following results out of the total results are of interest. In order to achieve a balance for 14, four ampoules of Gangrenous Pulpa 3x nosode were used; 45, four ampoules of Root Granuloma 3x. 46 was not further differentiated in the EAV test, since the pulp had died under a filling with secondary caries and had become gangrenous. Two ampoules of the nosode Chronic Pulpitis 3x were required for tooth 36.

The removal of the teeth was done on these dates: June 13, 1969 — Extraction of 14, tested follow-up treatment with standard biological medications. On July 29, 1969, extraction of 46 and 45; follow-up treatment was tested postoperatively and the following remedies were indicated: Arnica 8c, the nosodes Jaw Ostitis 6x, Gangrenous Granuloma 10x, Tooth Root Granuloma 10x, Tonsilla Palatina 8x and Chronic Tonsillitis 6x. Further follow-up treatment included the testing and oral dispersion of Symphytum 10x and Phytolacca 4x. Follow-up treatment extended to August 20, 1969. One week later, extraction of 36 was performed.

The bacteriological test results showed: 14, pure culture of anaerobic Corynebacteria. Tooth 45 and 46 were not examined, as they did not correspond to the requirements mentioned at the beginning of this paper. 36 was sterile.

According to my experience one has to expect bacterial invasion when two ampoules of the nosode Chronic Pulpitis 3x are indicated. If the culture result is still sterile, processes have to be looked for which may

have developed in the period between test and extraction. Inasmuch as the patient was not receiving other therapy during the period of her dental treatments, the interest was aimed at the above-mentioned follow-up treatment, which was tested for the right mandible. It can be assumed that the therapeutic effect extended to a greater area, since the test results for 46, 45 and 36 were similar and therefore similar energetic changes were present.

Treatment with Antibiotics

The bacterial invasion of vital teeth described in this paper may suggest treatment with antibiotics. Two cases will illustrate the problems of such a treatment.

As to the already mentioned 50-year-old female patient, while on vacation, tooth 47 caused vague discomfort, radiating into the whole area. The physician prescribed penicillin which the patient refused since a definite allergy to penicillin had been previously confirmed. The dentist who was then consulted by the patient was not able to find a pathological process and prescribed a widely used antibiotic. After oral ingestion, most severe allergic reactions occurred and the localized condition deteriorated. The above-mentioned test took place after her vacation, following which the tooth was extracted. As said earlier, the tooth showed a pure culture of Enterococci. These typical intestinal bacteria do not respond to Baycillin and similar antibiotics. The routine prescription of this medication could not have an effect on the tooth.

Another 40-year-old patient was hospitalized because of a fever of undetermined origin which did not respond to treatment. Various antibiotics had been given unsuccessfully until, by way of experimentation, Binotal had its turn. The temperature decreased. In order to determine the focus, the tooth, mouth and jaw were examined. 38 was displaced and impacted, was removed surgically and examined bacteriologically. Culture results (from the dentin): pure culture of *Aerobacter aerogenes*. These gram-negative rods which are typical intestinal bacteria only responded to Binotal

and not to the other previously administered antibiotics. It can be assumed that the intestinal bacteria, by way of absorption permeated the intestinal wall and reached the susceptible pulp of the tooth through the blood stream. The oral way had to be excluded, as the tooth was malpositioned and impacted and had no connection with the oral cavity.

From both cases just described it can be seen how easy it is within a certain scheme of thought to prescribe antibiotics without assurance that these drugs would bring about the desired success. Without a preceding sensitivity test or bacteriological examination the dentist has to grope in the dark. When in one test series 55 out of 60 teeth have bacteriological findings, with one tooth showing a pure culture of *Aerobacter aerogenes*, and two teeth with a pure culture of *Enterococci* within a mixed culture, it becomes evident what kind of problems a dentist may have to face, and the responsibility he has when prescribing the appropriate medication. Although a reversible exchange of substances takes place via the dentin liquor, there is in each case no indication as to the condition of the pulp, its capacity for resistance, the possible protein decomposition products and the bacterial toxins. Here again the EAV test gives a clear picture of the situation in pulp and dentin. The following case histories may illustrate this in brief. (For a detailed description see: Thomsen, *Phys. Med. und Rehab.*, 8, 1972).

A 25-year-old female patient, traffic accident in 1958, 41 situated in the fracture line, shortly thereafter coccygeal fistula. From 1961 to 1968 several unsuccessful surgeries. The EAV test was performed in August 1969. For balancing of tooth 41, two ampoules of the nosode *Gangrenous Pulpa 3x*, one ampoule of the nosode *Chronic Pulpitis 5x*, one ampule of the nosode *Jaw Otitis 5x* were required. The tooth showed no suspicious radiological reading. During trepanation it turned out that the pulp had disintegrated. Long-term treatment with antibiotics was without effect on the fistula. After removal of tooth 41, the coccygeal fistula healed without further medical treatment. Results of the culture: sterile.

Since the energetic processes precede the detectable morphological changes (after-effects), an earlier EAV test would have shown the changed energetic situation of the pulp of this tooth (independent of the fact that the reaction to the faradic vitality check could have been positive), and would have justified an extraction. By assuming an observant attitude, a second and third test at regular intervals could have fortified the course of this energetic change even more and made the patient's decision easier.

Conclusion

Bacterial disposition in the dentin shows the intimate relationship of the teeth with the entire organism, and which interrelations can exist. This is especially made clear by bacteria which, under normal physiological conditions, are not commensals of the oral cavity. It also proves how much the dentist is committed to a holistic way of thought, if he desires to give his profession the proper esteem and value.

A distinction has to be made between bacterial invasion and infection. A bacterial invasion can take place in the organism at any time and therefore also in the pulp and dentin. A number of factors determine whether the bacterial invasion turns into an infection which could possibly lead to an irreversible damage of the affected organ and may have possible remote effects on other organs. It is known that various factors lead to a low resistance of the pulp, such as caries, preparation trauma, accident trauma, displacement, parodontal damages, geriatric changes, possible virus infections. In addition, there are the energetic interrelations between teeth and organs, familiar to EAV. A diseased organ can affect the odonton which is connected energetically according to EAV, in a negative manner (Voll).

With the help of X-ray film and the general clinical examination methods it is extremely difficult to give a clear statement on changes of the pulp and dentin when severe morphological signs are not yet present. The histological examination always requires an extraction. Proof for bacteria alone is also not suitable whether to decide on the presence of a focus.

Although the conventional methods give no picture of the energetic situation, its presence cannot be denied. It can only be detected with an appropriate examination method. Here the EAV test can be of great assistance. It is an instantaneous test, but it is advisable in case of doubt, to do several tests in timed intervals, in order to be able to judge the course of processes. It is the more important, as the energetic situation has to be judged rather than an irreversible after-effect in the morphological area. The patient cannot know where the pendulum will swing. This is especially true for patients who are undergoing biological treatment and a nutritional change, whereby the general resistance of the body can be restored or strengthened. It is part of the dentist's task to observe such processes.

The definition of a normergic reacting odonton reaches beyond the old concept of the "vital" tooth. Now we can add a method to our conventional examination procedures which gives us an immediate picture of the energetic situation. EAV makes this possible for the physician as well as for the dentist.

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COMING IN THE AMERICAN JOURNAL OF ACUPUNCTURE —
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