



Odontology with Homeopathic Sanum-Preparations

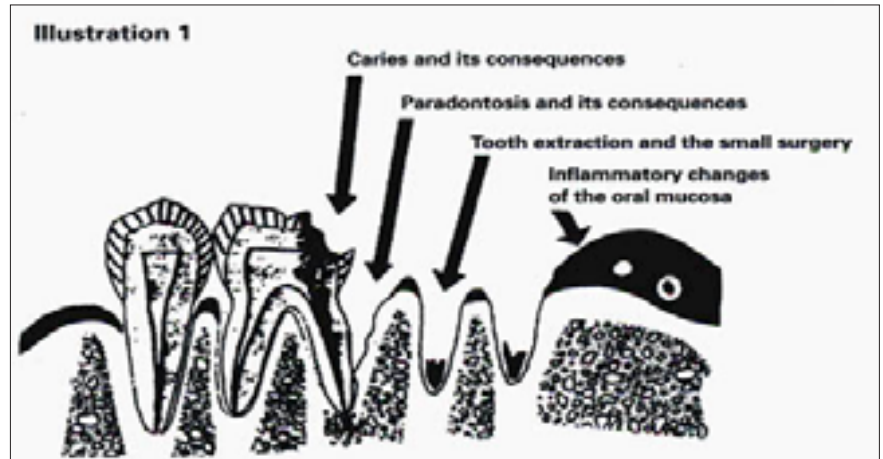
A Benefit for an Effective Treatment

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Starting from professor Enderlein's research findings, it is just a logical conclusion to apply these findings therapeutically also in odontology. A few years ago, there was nearly no literature available in this respect, other than those to be found in recommendations by the manufacturer. Thus, for the beginning only the preparation Pefrakehl 5X and 6X, later also Mucokehl 5X and 6X and only afterwards the other remaining preparations were therapeutically tested and applied. As all preparations are free from side effects and harmless to the patient, this experimental range was ethically justified.

Right at the beginning of the medication surprising things were showing up that will be related later. However, it must be emphasized here that only matters of daily practice shall be depicted. Thus, theoretical scientific perceptions shall be set aside. Illustration 1 shows in a rough sketch and not completely the daily problems of the practicing dentist: caries, paradontosis, extractions and small surgeries, and finally the inflammatory illnesses of the mucosa of the mouth.

The human digestive tract is a gigantic preparation plant, which supplies our body with essential energy and liquids. Moreover, this plant detoxifies the metabolic end products, but via the gastro intestinal tract, some environmental toxins are taken into our body.



The teeth ought to assume the first function for food preparation. In this respect they are considerably relieved nowadays because modern people use extra oral preparation machines, such as mixers, mills, etc. Moreover, teeth, beautiful and healthy teeth, also have to fulfill an optic function. Who does not know the propaganda activities wherein brilliant teeth shall signal joy of life, optimism and success? And these teeth are worth preserving as long as possible. In the following the individual aspects of some illnesses shall be treated.

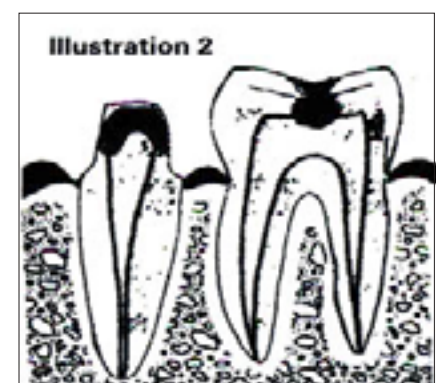
Caries and its Consequences

Caries cuts a wound, which will never heal again. As a consequence of the destroyed enamel and the subsequently affected dentin, an inflammatory alteration of the pulp, namely pulpitis, will result. And this one can be very painful. The tortured patients are prepared for everything, just to be rid of their pain as soon as possible. In this case no Isopathic-Homeopathic preparation or any other remedy will help anymore. One can only lay an anesthesia as soon

as possible in order to remove the offending nerve or even the whole tooth.

The case is completely different with a slowly beginning pulpitis, which will be noticed by a stinging pain during the intake of cold drinks or warm meals. In this case one should not devitalize right away. An injection of 0.5 - 1 ml of Pefrakehl 6X into the plica on the offending tooth will generally bring a quick recovery.

The carious dentin is excavated and a small pad of cotton wool, moistened with Sankombi 5X, is inserted. The hole will then be provisionally closed. Thus treated, the pulpitis will surely fade away and the tooth can be subsequently filled without any problems. The same applies for a pulpitis



appearing after grinding down vital teeth for the purpose of a later reception of crowns, inlays, etc. (*Illustration 2*).

If due to progressed caries the pulp can no longer be preserved vitally, one has to devitalize. On principle we do this under anesthesia. On no account do we use a cauterly such as arsenic or formaldehyde. There are justified assumptions that these kinds of preparations damage the periapical tissue to such an extent that chronically apical changes will result as delayed symptoms. In the course of the last year, we have found out in our surgery that

by reasons of therapeutic simplifications a mixed injection is extremely effective during treatment (*Illustration 3*).

The preparations indicated in *Illustration 3* are drawn up in a 10 ml single-use syringe and well mixed. This quantity must be stored germ free and in case of necessity 0.5 - 1 ml will be taken with a 2 ml single-use syringe and injected into the patient. For that purpose we use very thin cannulas with a diameter of 0.4 mm. We made a puncture into the angle, resp. the plica of the maxilla and mandible (upper and lower jaw), but not very deeply. It will be sufficient to insert the needle in a jerky way into the submucosa. The patient will find this tolerable at best (*Illustration 4*).

However, there are patients who have an insurmountable aversion to injections especially regarding those into the oral cavity. In this case we must decide in favor of a subcutaneous injection into the region of the forearm. In the oral cavity itself, while following a general therapy (prophylaxis of paradontosis), an injection into the plica of

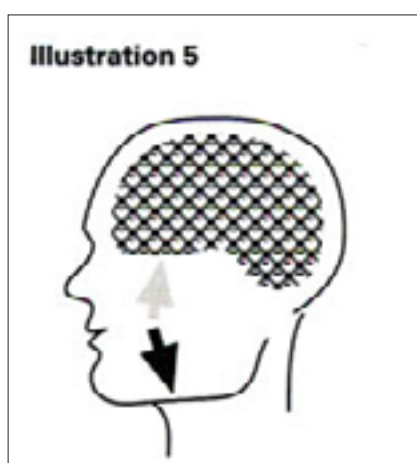
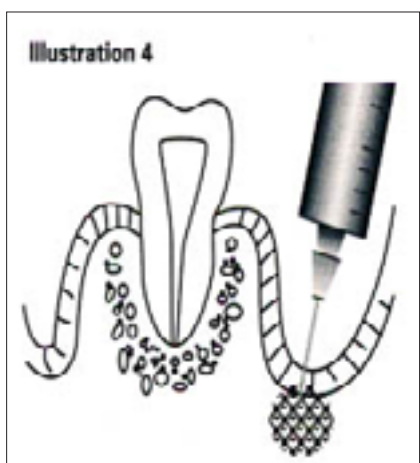
the mandible will be more tolerable, that is, with regard to the brain, in a centrifugal direction (*Illustration 5*).

Treatment of pulp gangrene

The tooth, where the pulp, often not sensible for the patient, has decayed and become infected, will announce itself with an intense sensitivity to tapping. The trepanation of the offending tooth will bring a sudden relief. We carefully clean the root canal with an alcoholic soft soap dilution (approx. 5 %), rinse with water, dry and fill Sankombi 5X dilution into the root canal by means of a capillary pipette and close merely with a pad of cotton wool.

Around the root tip we inject 0.5 - 1 ml of our approved mixed injection. This procedure is subsequently repeated, and the tooth will very soon be prepared for the reception of an appropriate root filling. The root filling will be made as usual with Lentulo or by way of the condensation method according to Mc Spadden, but this will be completely left to the individual practitioner.

Should there appear periostitic pains after such a root filling, they can mostly be controlled with our mixed injection. It is also possible to give this injection as a prophylactic means. This therapy should also be employed if there were periostitic pains through the hydraulic pressure on the existing





root filling after sealing a root pivot or a pivot crown. In most cases this will be a question of a mechanical traumatic irritation of the periapex.

We have applied our therapy also in serious cases of apical and ostitic processes. The pathological changes could indeed not be removed hereby, but what seems most essential is that the worst could be taken from acute events.

This was, for instance, of special importance in the case of a female patient who after the birth of her second child fell ill with a gestational psychosis and who was delivered into the closed ward after an attempted suicide. The patient had a toothache, but was psychically not capable of dealing with any stress. An extraction was therefore not to be expected. After several administrations of Pefrakehl 6X (at that time we did not yet have the mixed injection), the periostitis calmed down and the offending tooth could be removed at a later point in time without any problems. This procedure also proved to be successful for certain types of managers who, being haunted

with fixed dates wished to be painless for important decisions and by no means wanted to be burdened with an extraction that had just been carried out.

In some cases the apical abscess cannot be prevented; then an incision must be made. The cavity of the abscess can be filled with a strip of gauze, which has been soaked in Sankombi 5X. Into the surroundings we inject 0.5 ml of our mixed injection.

It must once more be pointed out that chlorophenole or tricresole or their related preparations do not have any more claims for existence in a modern practice. With unscented preparations, such as Sankombi 5X, we have, also with regard to scent, an exact control on the healing process.

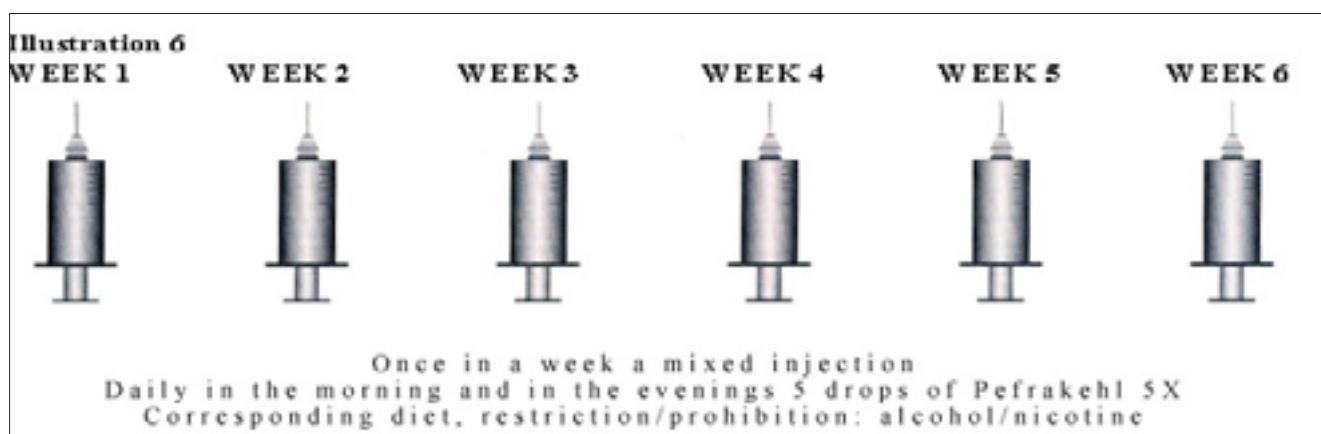
Paradontosis and its Treatment

Here we do not want to presume any speculations on the genesis of paradontosis; it is so much the worse to have it at all. In many cases it is a dental horror! It is an insidious illness because it begins completely painlessly. Only in the progressed

stage pulpitis like or periostitic pains will arise while the pulp is vital. No age is exempt from this illness.

As regards therapy: in the far-progressed state, where the marginal bone has been nearly resorbed with the alveoli enlarged in an infundibular way, and the teeth have become extremely loosened, there is only very little hope left. The most useful therapy can be done in the early stages and then only with those persons who are themselves interested in preserving their teeth. These people will gladly support the discomforts of a treatment, burdensome adaptations in diet and the renouncing of habits (alcohol, nicotine). Naturally, our therapeutic scheme shall not be an enforcing direction for any practitioner, but merely a stimulant for thinking. Surely, there will be other possibilities to obtain maybe a better success.

For six weeks (*Illustration 6*) the patient receives one mixed injection, as indicated before, in the quantity of 1 ml once a week. Injection is made into the plica of the mucosa of the mandible.



The patient takes 5 drops of Pefrakehl 5X daily in the morning and in the evening. The drops are either licked from the back of the hand or dropped onto a small piece of bread, which must be swallowed after having been well chewed. As a recommendation for diet, we give the patients the following advice:

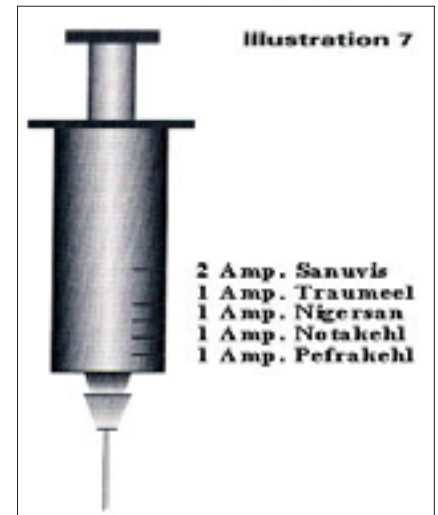
1. Fast a little before the beginning of the treatment.
2. Restrict immediately toxins like nicotine, alcohol, coffee, etc. and noxious substances of plain cooking, for example, refined sugar and white-flour products; you will do best in giving them up completely.
3. Avoid animal fats during the treatment and cut down considerably on meat consumption.
4. Instead of animal proteins and animal fats, more vegetal products of high quality (possibly of biological cropping) and seedling oils or thistle oils should be consumed. Daily total protein intake 60 – 70 grams at the maximum.
5. Change your eating habits. Instead of 3 dinners, 5 small meals should be taken per day.
6. The stools should function; if not, mild vegetal laxatives should be administered.

7. Depuration with teas, Berberis or others.

In addition, a most meticulous, careful hygiene of the mouth ought to be followed. Before the therapy, the dental calculus must be exactly removed by the attending dentist. Additionally we have also invented a form of treatment with a special gel. We prepare this gel ourselves in the surgery, but it can also be mixed by a pharmacist. The preparation is as follows:

10 ml of a Pefrakehl 5X dilution and 10 ml of a Sankombi 5X dilution are well mixed with a wooden stick in a beaker. We add methylcellulose, a substance which is also employed in pharmaceuticals for the manufacture of emulsions; as well as adhesive powders for dental prostheses are produced (we have empirically found the necessary quantity). After approximately one hour we have a consistency like a paperhanger's paste. [We dye this product with one drop of methylene blue to make more visible in case of need.]

In order to prevent a desiccation, we fill this gel into a 10 ml disposable syringe. We close the cone with an injection cannula, the needle of which was pinched off. Thus, this preparation is ready for use at any time. After each removal of dental calculus, we apply this gel onto the gingi-va, also after the grinding down of teeth. The application is quite manifold and will be pointed out later.



Tooth Extraction and the Small Surgery

After each tooth extraction we inject 0.5 ml of our mixed injection into the surroundings of the wound (*plica*). Patients who otherwise feel the needle's point of puncture in an unpleasant way even weeks after the extraction, will now beneficially miss this pain. Also the wound healing will progress rapidly and without pain.

Should a „dry alveolus“ nevertheless appear, we give our mixed injection in a modified form (*Illustration 7*). Instead of Mucokohl 6X, we draw up Notakehl 6X. The time distance of that injection to that one containing Mucokohl should be of approx. three days because of the antagonism between them. This is in most cases also the space of time when a „dry alveolus“ will appear.

A Gelastyp sponge is well soaked with this mixture from the syringe and carefully pushed into the alveolus. A dressing of zinc oxide

and eugenol may be put on top of it. After 2 to 3 treatments the patients are in most cases painless (*Illustration 8*).

A frequent problem in daily practice work is the complicated eruption of the lower wisdom tooth. In the first instance we will try to slide a strip of gauze, which is well soaked with the dilution of the mixed injection No. 1 (with Mucokehl), under the lobe of the mucous membrane. The complaints will most probably fade away, but this is not a solution forever. As a rule, the erupting tooth will have to be exposed with the cautery loop (electrotomy). After the operation, 1 ml from the mixed injection No. 1 will be deposited into the surroundings of the wound.

If an immediate prosthesis is inserted right after extraction, we put a strong cord of our gel onto the synthetic material plate. The wound healing will be visibly accelerated and the after pains will be essentially reduced (*Illustration 9*). One week before greater operations, the after pains can be reduced in most cases to a minimum by a prophylactic administration of 0.5 - 1 ml of the mixed injection No. 1 (with Mucokehl) in intervals of 2 to 3 days.

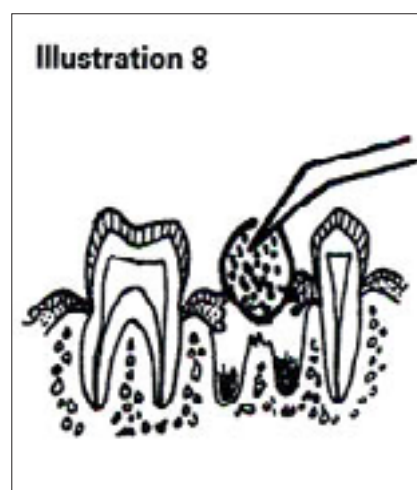
The Inflammatory Changes of Oral Mucosa

The daily bread of the practitioner is surely the broad palette of stomatitis. Here we can excellently apply our gel; additionally we

can also make injections. The gel can also be filled into a 2 ml syringe and handed out to the patient for self treatment. In such a case or for children, the gel can be made more attractive with some drops of peppermint oil.

For the extremely unpleasant aphthas we have invented the following method of treatment: if the patient does not oppose and if the aptha is lying in the area of the movable mucosa, we place a small sub-mucous deposit from our mixed injection right next to the affection. If this is not possible to do, the gel is applied; and this is repeated daily, eventually by the patient himself, if he has the necessary skillfulness. Treated this way, the aphthas will heal considerably quicker than with conventional methods of treatment.

Mechanical irritations of the oral mucosa by a removable denture are also treated as indicated above; naturally, the cause must also be eliminated from the denture. Further indications for a



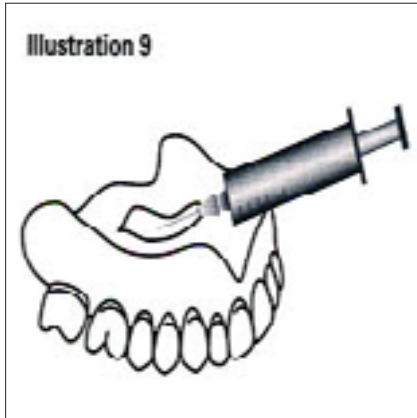
treatment with the described gel are as follows:

- Stomatitis ulcerosa
- Herpes of the lips and of the oral mucosa
- Rhagades of the corner of the mouth
- Istrogenic injuries of the oral mucosa (turbines)
- Sports injuries
- Stomatitis simplex (catarrhalis)
- Stomatomycosis (candidiasis)
- Glossitis (mostly mechanically caused)
- Cauterizations, and many others

Aspects Regarding Pedodontia

In this respect our leading principle is the extremely careful treatment of the young patient. On principle we make extractions only, if this is necessary for reasons of health, cosmetic or operative dentistry or other compulsive facts. It seems to us as rather precarious to extract a milk tooth only because its pulp is devitalized and because it is afflicted with a fistula. Brutality and senselessness toward the innocent young patient has in most cases led to an emotional fright neurosis, lasting till old age of the persons affected.

We use turbines as dentin removing tools as rarely as possible. In most cases it is sufficient to remove the carious dentin manually. For that purpose we drop with a capilla pipette a small quantity of a 60% citric acid dilution into the cavity. With an extremely sharp excavator it is possible



to lift out the soft dentin and remove it completely on the whole. An existing pulpitis can be healed with Sankombi 5X; we seal with glass fiber jonomer cement.

If an anesthesia is indispensable, we use in the milk dentition the ligament anesthesia with an extremely short needle. In most cases the child will not notice it at all and will not be anxiously defensive beforehand against a long syringe affecting its imagination. In the maxilla it will be more favorable to place a small deposit into the plica above the tooth with the same extremely short needle.

We reject an inhalation narcosis as it is often propagated in order to restore rationally and painlessly the milk teeth in one sitting. For psychological reasons the child must get to know step by step the inconveniences of life, which also include pain. Pain is a necessary part of each individual's existence. If all discomforts, whatsoever encountered, are taken from a child with a lot of effort, there might be a breakdown of its psyche later if these possibilities no longer exist.

Information for the Patient

Nowadays patients are mostly rather instructed and informed; at least they believe to be so. Mass media and information sources, though the seriousness of these must sometimes be doubted, contribute to this belief. Therefore, it might often happen that the patient puts questions like the following:

- Are these injections and this kind of treatment not dangerous?
- Will they affect my heart or any other organs?
- Could any side effects result from them?
- Can you answer for this treatment during a pregnancy etc.?

The answer thereon must be given individually, depending on the degree of intelligence of the treated person. On principle we avoid speaking of parasites in the blood (because this might be completely misinterpreted). Our information for the patient sounds in general more or less like this:

„Health of the human body means an equilibrium of the biological forces acting in this body. By different external environmental poisons, malnutrition, etc.) and internal (inherited dispositions, weakness of organs) influences, this equilibrium may become disturbed. This disturbance will manifest itself through various symptoms. In your case it is (for instance) paradontosis.

By these injections, which are completely harmless homeopathic dilutions, the biological equilibrium will be restored. These injections have no effect whatever on the organs or the circulation. They mobilize the natural defensive forces of your body and thus induce healing.“

The Occurrence of Failures

The therapeutic possibilities shown up to now must not give the impression of having been put on the stage without any hindrances. The initial number of failures could be considerably reduced with the mentioned mixed injection. As we do not make any statistics in our practice, we can only emotionally indicate the number of failures to be 15 % to 20 %. Therapeutic variants would have to be found in order to reduce this percentage.

Summary

Only a few years ago we introduced the application of homeopathic Sanum-preparations in our dental surgery cautiously and with reservations. Since then we have seen clear therapeutic successes in pathological cases which could not have been obtained with conventional medications. In addition there is also the marked harmlessness of the preparations because they are all free from side effects. The indicated therapeutic forms shall not be a definite doctrine but shall merely offer some impulses of thinking in order to



reflect upon the adopted way and to change it or to orientate oneself completely anew.

„He who heals is right.“ It will be left to the practitioner how to fulfill this task. We no longer

want to be without the homeopathic Sanum-preparations in our daily practice work. They give us the possibility to realize a treatment on our patients, which is effective, soft and without violence.

First published in the German language in the SANUM-POST magazine(1/1987), in the English language in the Explore magazine, USA

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