

About Dr. D L Cook

Articles:

Rescued by my Dentist

Bonding Protocol

Home Care

High Speed Drilling

Oral Potential Meter

Cavitation of Jaw

Pathology of Jaw

Pain Control

Protocol for Dental Screening



About Dr. D.L. Cook,

Dentistry has far reaching effects on the human body. My experience that took place sixteen years ago, involved a painful elbow that almost ended my dental career. Severe pain would not allow me to reach for dental instruments or extract a tooth that required any strength.

- An evaluation of my teeth with electrodermal screening pointed to a dead tooth that had no clinical symptoms. Removal of the tooth relieved the pain in my elbow, and allowed me to continue to practice dentistry.

- I have repeatedly seen this same experience in variable symptoms of my patients; with root canals, cavitations, toxins from gingival cervical fluid, metal and metal oxide in composites, and dental restorations. My forty-eight years in dentistry with the past twenty-one devoted to "dentistry health"—points to the critical health needs not addressed in our dental schools today.

- My website explains removal and replacement, evaluation and correction of hard and soft tissue pathology where cancer is not a concern; metabolic balancing, checking galvanic current with the Oral Potential Meter, along with Ultra Dark Field Microscope information that helps determine the healing for any surgical procedure necessary.

Douglas Lee Cook, D.D.S., S.C. is a graduate of the Marquette School of Dentistry in Wisconsin and served his profession as a commissioned officer in the United States Air Force. He joined his dentist father in his dental clinic where he has practiced dentistry for the last forty years in Suring, Wisconsin.-

Dr. D. L. Cook presently practices at his dental clinic located on the South Branch of the the beautiful Oconto River in Northern Wisconsin.---General and Nutritional Dentistry10971 Clinic RoadSuring,

Curriculum Vita

Graduate of Marquette University School of Dentistry

Captain in the United States Airforce as a Dentist in Germany

Member of:American Dental AssociationWisconsin

Dental AssociationMarinette Oconto Co.

Dental SocietyWisconsin

Dental Society of AnesthesiologyAmerican

Academy of Biological DentistryI

nternational Academy of Oral Medicine and Toxicology

German Academy of Auricular Medicine USA

Center for Chinese Medicine

Seminars and continuing Education:Electro Acupuncture by Dr. Rinehold Voll, MDA

merican Academy of Biological Dentistry

International Academy of Oral Medicine and Toxicology

German Academy of Auricular Medicine USA

Center for Chinese Medicine

About Dr. D. L. Cook

Continuing education courses:

- Prosthodontics,
- Facial Pain,
- EAV in the Dental Office
- Dental Reviews at Mayo Clinic
- Management for Effectiveness
- Radiographs in Periodontal
- Local Anesthesia
- Periapical Disease - Endo-Perio
- American Medical Research and Review
- The Society for the Study of Biochemical Imbalance
- Enderline Enterprises Pleomorphic
- American Institute of Hypnosis
- International Congress -Electrodermal Screening Health Practitioners
- Bio-therapeutic Drainage
- Auriculotherapy and Auricular Medicine
- Diagnosis & Treatment in Dentistry and Medicine
- Applied Science for Alternative Medicine and Healing Arts
- Protocol Biological Dentistry
- Dental Medical and Scientific Conference
- Sources and Treatment of Oral Toxicities
- Personalized Metabolic Nutrition
- The North American Academy of Auricular Medicine and Acupuncture Research
- Dr. Med. Rinehold Voll. MD
- Training at Doctor's Hospital in General Anesthesia.

Seminars Given:

United States: 18 Wisconsin, New Jersey, Florida, California, Utah, Illinois, North Carolina, Pennsylvania, Georgia.

Canada - 2 Toronto, Vancouver

Mexico - 1 Porte Veartia

Australia - Brisbane

UPDATING YOUR KNOWLEDGE FOR BETTER DENTAL HEALTH

- 1) Choose a dentist who **understands** the importance of the patient's dental health.
- 2) Choose a dentist who is **health knowledgeable** about: **Mercury • Composites • Metals • Fluoride • Root Canal • TMJ • Cavitation • High Speed Drilling**
- 3) Read the following excerpts from Dr. Cook's upcoming book "**Rescued By My Dentist**".

MERCURY

What should I know about mercury in fillings? Mercury (silver amalgam) after being placed in the mouth as a filling is known to give off damaging toxic fumes while chewing or drinking something hot. Silver amalgam, the most commonly used filling in general dentistry, is largely composed of mercury. See the

Material Safety Data Sheet on "**MERCURY**" that explains the dangers of mercury to patient health.-

Contact: Fisher Scientific, Fair Lawn, NJ 07410 Phone: 201-796-7100 Chemical division Index: 058933906541 Reagent Lane Cat No. 14983108

METALS IN THE MOUTH

What should I know about metals in the mouth?

Metals, used to restore or make crowns and bridges for the replacement of teeth, are not good for your health.

Often used Nickel beryllium or nickel gallium, is believed to be a related cause of cancer, and patients need to be aware of this issue. Dental gold contains palladium, platinum, silver and other metals, making a gold hard enough to withstand chewing forces. Gold crowns, bridges and inlays are a mixture of 2% and higher pure gold to make an alloy.

These metals, along with **Mercury amalgams** cause an electrical current called galvanic current. Read more by clicking www.metalpoison.com

As mercury metal particles leave the filling, they affect distant parts of the body, often causing acute or chronic illness. Metal particles are also known to influence arthritis, abdominal complaints, fatigue, and even mental problems. When these metal particles leave the filling due to the electrical current, they take with them calcium particles of the enamel, resulting in tooth decay. Read University of Kentucky research "how particles of metal can affect our health" by clicking on www.altcorp.com.

COMPOSITES

What should I know about composites?

Composites, the second most popular filling material, contain small glass particles called silica, held together with a binder. Aluminum oxide, iron oxide and fluoride are added to the composite material to give it strength and color. These additives are not good for health, mind or body. Oxides of these metals in a composite easily seen on X-rays, indicate the presence of a metal oxide. A healthy composite used today is Holistore, made without aluminum oxide, iron oxide, or fluoride. Holistore composite produced by the Den-Mat Company is used for small fillings and cementing BelleGlass crowns, inlays, and bridges to the teeth. Read more about how metals are stored in organs (i.e., mercury in the kidney). Click on www.altcorp.com. See: Boyd N. et al. "Mercury from dental "silver" tooth fillings impairs sheep kidney function," Am J Physiol, 1991, 261 (Regulatory Integrative comp. Physiol. 30): R1010-R1014.

FLUORIDE

What should I know about fluoride?

Fluoride is dangerous in spite of all we read about how safe it is. Scientific research indicates the harmful effects of fluoride.

See these web sites and more details in my book:-

Adverse Health and Behavior from Silicoflourides
<http://www.dartmouth.edu/~rmasters/ahabs.htm>

Fluoride Action Network (FAN) News and info
<http://www.fluoridealert.org/International>

Society for fluoride Research Journal
<http://www.fluoride-journal.com>

ROOT CANAL

What should I know about a root canal?

A root canal is the removal of the nerve from the main inside of the tooth. This opening is then cleaned to remove any remaining nerve tissue. The empty canal space is then filled with gutta-purca and a sealant.

- Many endodontists and general dentists doing these procedures believe the tooth will not become infected while maintaining its chewing function. Scientific research indicates all root canals are infected. See list of articles on infection in root canals.

Click on www.altcorp.com, click on search window for root canal in this website by **Dr. Boyd Haley** and **Dr. Curt Pendergrass**.

What should we do to replace missing teeth?

Two ways to accomplish "replacement of missing teeth"

1) A permanent bridge can be bonded to teeth on each side of the space using unshaded BelleGlass, (most compatible)

2) Using an all-plastic, heat cured (plastic partial) that is removable, and doesn't contain cadmium, making it more



-All root canals in this photo were infected.

compatible than the standard pink plastic and **Dr. Curt Pendergrass**.

SEALANTS

What should you know about Sealants?

Some dentists believe sealants placed on the chewing surface of young patient's teeth will prevent decay.

For further information see:

Science News Volume 149, "Exposure to estrogen-like agents especially during fetal or early post natal development can trigger gender bending changes (**Science News: 07/15/99**, page 44), or reproductive havoc (**Science News: 01/22/94** page 56). They may also foster cancer in reproductive organs such as the breast. (**Science News: 07/3/99**, page 10.)

"My personal feelings about sealants: they should not be used. If the tooth is decayed, it should be repaired with compatible filling material. If the tooth is not decayed, keep it clean, along with good nutrition for the natural life of the tooth.

TMJ — TEMPOROMANDIBULAR JOINT

What should you know about TMJ pain?

TMJ pain is most often caused by spasms in the muscles that help to open and close the jaw. Patients can do a simple physical therapy technique, in most cases, that keeps the area free from pain.

Read more about the exercises in my upcoming book, **Rescued By My Dentist**. Other causes of TMJ pain can be an imbalance of the bite, a filling that is too high, a bridge or partial that does not fit well. Even a food allergy can cause this type of pain. Notice if the pain suddenly and repeatedly occurs shortly after you eat certain foods. Often you can find the answer faster than anyone else by keeping detailed records of what you eat.

COST

What should you know about cost?

Healthy dentistry is expensive and typically not covered by most insurance plans. And not all dentists, even holistic ones, are well trained in dental health. It is therefore best to select a dentist who will place correct filling material the very first time and use low-speed drilling. If you have many metal fillings, or have been ill for a long time, consider a dentist who will follow these procedures. Removal of the metals is not always the answer for everyone's dental or medical problem. However, it just might be your key to wellness.-

Bonding Protocol

Dual Cure Resin Bonding for BellGlass Neutral of Unshaded

1. **Anesthetize!** use no epinephrine, no preservative anesthetic (etching, washing and drying required by the dual cure resin technique can cause considerable discomfort without anesthetic). I use **polocaine by Astra**.

2. **Remove the temporary** (your choice of instruments). If durelon cement is used to cement the temporary or is used as a temporary, a thin layer under temporary may remain on walls of preparation. This is quickly removed with a Cavitron. Drilling through the center of the durelon temporary helps to weaken for removal. Very sensitive patients may not be able to handle quick cure temporaries and durelon cement is another option to cover preparations.

3. If you have to **leave preparations** open, clean the preparation with flour of pumice (no fluoride) use cotton pellet and cotton forceps (be gentle to the gingival tissue). If bleeding should begin stop it with ferric sulfate solution by Utradent Co. or apply aloe vera gel on cotton over area.

4. **Try placing the porcelain or BellGlass** (neutral) restoration, adjusting contacts with micro thin carbon paper (place small piece between contacts allow carbon to mark without pulling on the paper or ribbon) adjust to desired feel with dental floss.

5. **Remove the restoration** and polish adjusted areas.

6. **Have assistant prepare restoration** with Dry bond, apply three coats of Tenure (A&B) dry between coats, Place restoration on carding wax applicator to aid handling, then add a light coat of Tenure S

7. **Etch the entire preparation**, wash, place moisture barrier (rubber dam or 5" by 5" plastic extra thin .001 sheet) and dry. Apply Dry bond, three coats of Tenure dry between coats, apply Tenure S one light coat, REMOVE excess with microbrush. Tooth is ready for bonding.

8. **Mix Holistore** (use only plastic mixing stick) and load into Centrix syringe tip of your choice, apply to inlay preparations. Filling crowns as well as inlays with mixing stick is a faster method.

Assistants set up for Placing BellGlass Natural Equipment:

- 4 microbrush disposable applicators
- Echant 3M (no aluminum)
- dry bond (Den-Mat)
- Tenure A & B two drops of each for restoration and preparation, use amber covered dish.
- Tenure S
- Holistore A & B, mixing pad and plastic stick
- Applicator brush to remove excess Holistore.
- Dental floss
- Extra mirror for assistant to hold placed restoration for dentist to floss contacts

Materials:

Holistore Dry Bond

Tenure and Tenure S from Den-Mat for bonding and restorative fillings.

Phone: Den-Mat 1-800-233-6628 talk to Robbie a knowledgeable sale rep extension 6922.

Check your local **BellGlass** lab or you may use Cook Dental Laboratory, .
10971 Clinic Road,
Suring Wisconsin 54174
Flint Cook owner, 19 years experience.
Phone 920-842-2083

Cook Dental Lab also construct Dentures and Partials from no cadmium containing plastic using a twenty hour curing process.

Call for Laboratory boxes, prescription and price sheets

Home Care

Home Care Blotting procedure



Using a **dry soft bristle brush**, press the bristles into the free margin of the gums and remove the plaque, food and bacteria. Press 20 times in each area of the mouth to clean around the teeth.

Sip dry or rinse and snap dry between each 20 presses.

Follow this with dental floss: Using a mirror up close (about 6 inches) run dental floss under the free margin of the gum. Use an up and down movement, then pull the floss out from between the teeth. Do not go back through the contacts.

The **next step** is to use the **Hydrofloss**.

Irrigate with water any loose plaque, food and bacteria.

Click on **www.altcorp.com** for information on gingival cervical fluid toxins.

LATROGENIC DAMAGE DUE TO HIGH SPEED DRILLING

American Academy of Biological Dentistry;

Carmel Valley, May 6-9 1987 Latrogenic Damage Due to High speed Drilling by Dr. Ralph Turk,

DDS Germany Reports by the WHO on the increase in chronic diseases are alarming!

According to them, these diseases have increased threefold over recent years alone. Environmental and civilization damage, such as stress, faulty diet, narcotics, alcohol, etc., also play a part in the figures given by these statistics. Even if stress, stimulants and habit-forming luxuries have increased, this still is not sufficient explanation for the immense rise in the number of persons affected. Especially as cited both by the cheap press and more serious publications, many people are trying to keep fit through physical training and reasonable nourishment. These efforts on the one hand and the increasing consumption in stimulants plus the accompanying stress on the other should, viewed statistically, balance each other out.

If, in spite of this, such a horrendous increase in chronic diseases can be observed then **WE, as physicians and dental specialists**, are called to check whether our professional operations do not also contribute to the fact that the number of chronically affected persons is increasing to such a devastating extent through the provocation of focal conditions. Every medical discipline has its inherent capacity to cause latrogenic damage. The dental field covers such a wide range that I am not able to report on all forms of latrogenic damage. I would like you to think merely of the sequels of erroneous articulations, neglected, or incorrectly performed, maxillary regulation, as well as badly fitted dentures or prostheses, fillings which are too high causing premature contact, fillings or pulp protection resulting in slow modification of the pulp, or mouth voltages produced by using different metals or alloys etc.

All these forms of istrogenic damage can result in severe negative effects on the general health of the patient. I would like to encourage thought about forms of damage which have not been taken in sufficient consideration up tonow, or those that might have been noticed, but have been deliberately ignored. In the context of dental surgery,

the primary and, indeed, principal consideration is the dental turbine or rotor. In my opinion and also, that of several university clinics, this should be considered as a sort of **time bomb!** Its devastating effects, have been completely underestimated by most of our colleagues. The industry has propagated the ergonomic advantages of this high-speed drills, constantly developing and more functions; and without long-term clinical, histological or pathological monitoring of the effects of turbines in general, the entire dental profession, including universities, has adopted these **diabolical machines**.

HOW DO TURBINES CAUSE DAMAGE?

1. In the effects of grinding and drilling burs on the tooth enamel. The turbine does not grind down in the manner of slower machines, but rather breaks up the enamel prisms by impact, not only on the edges of cavities and preparations but also far down into the enamel supposed to remain intact: this has been proved by samples recorded through electron microscope. The cracks thus caused not only allow bacterial toxins but also the bacteria themselves and macromolecules to pass and penetrate in the dentine. This encourages caries. High-speed drilling is one of the main reasons teeth become sensitive to hot and cold, and can cause the death of teeth. Teeth, sensitive after high-speed drilling, can have pain that lasts from days to months. Sensitive teeth should be watched carefully if symptoms of discomfort increase, the teeth could be dying.

2. But the major damage is caused in and on the dentine itself. Many colleagues are of the opinion that the pulp receives too much heat due to friction when turbines are used in treatment. Additional abundant cooling would avoid such a burden. As, due to the high rotation speed, both a congestion and- negative pressure occurs on the dentine, a dry (or water-less) zone is formed at the very point of drilling or grinding/milling.

3. In an edition of a German-language journal (the ZWR), SCHOLER, a Swiss colleague described trials with air and water-cooler turbines: to culminate, he discovered that already after 5-20 seconds of milling or grinding with

turbines, an increase in pulp temperature by 12 degrees C (about 22 degrees F) caused irreversible damage in 60% of the pulps examined. These findings have found their confirmation in an almost identical study by HENNING and PRZTAK, who are also mentioned in the same article. This article, however, did not mention one kind of damage which is not produced thermally, but equally spell doom to the pulp, (i.e., damage from negative pressure).

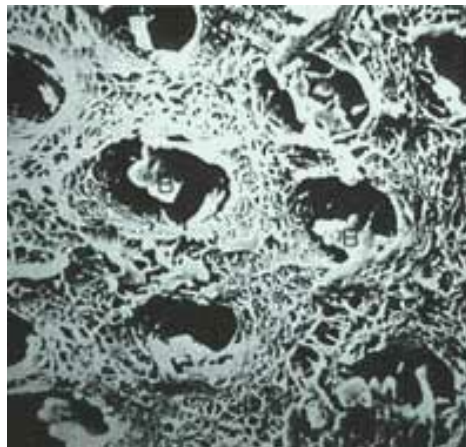
As a result of the high rotation speed, turbulence are produced around the burs which produces a very high negative pressure over the dentinal tubules (according to my own most recent tests this amounts to as much as a 10 mm water column per 100,000 revolutions). This negative pressure does not increase in linear, but in exponential fashion: as a result of this state, the peritubular dentine linings, and the cylindrical odontoblastic processes are damaged or sometimes torn out, even odontoblast cores may be partially sucked into the tubules.-

(See right: **Dentinal tubules under high power magnification**).

Professor RAVNIK of Ljubljana in Yugoslavia was already able to prove this many years ago. This means that the metabolic processes in the enamel and dentine regions are disrupted decisively.

By way of reminder:

Approximately 5 million dentinal tubules per square centimeter (equivalent to 12 million per square inch) are located in the crown area of the pulp. This number decreases down towards the root apex, although it still amounts to approximately 1.4 million at the cement limit. One single dentinal tubule has a diameter of 1.3 to 4.5 microns. When the drilling or grinding bur is withdrawn, so that the negative pressure ceases, the empty and now open tubules can be filled in a retrograde manner by bacteria and grinding debris, as reported in English Language electron microscope studies. The denatured protein of the destroyed odontoblastic processes and cores can be broken down porteolytically by these bacteria.



If now, in the full light of this knowledge, we still consider how many colleagues apply their turbines day by day without hesitation on millions of patients, you are now able to understand why I used the "time bomb"! by means of this machinery we are sinning knowingly or unknowingly to a punishable degree against the health of our respective peoples!! At the present time, the results are unforeseeable. Is it not possible to say that a connection already exists between the turbine era and the precipitous rise in chronic illness?

For about 20 years now, turbines have been in use for grinding at least in 99% of all dental practices. It is a known fact that a chronic disease requires a longer time to develop. If one considers that pulp tissues die at a relatively slow rate and do not always immediately constitute a secondary source to the patient, they must, however, finally result in a **breakdown of the local defense**

mechanism: this fact must at least be given some consideration. In my opinion, the high speed turbines as presently used in dental practices must be withdrawn from circulation at least in order to avoid damage of the kind described being inflated in the future.

Our physical / physiological and histological examinations have shown that the upper rotary speed limit is a 20,000 rpm. Bacterial toxins, capsular antigens and proteolytically broken down protein matter from the dental tubules act as antigens and result in permanent, auto-aggressive processes and finally in chronic irritation of the pulp. It thus becomes clear that the pulp tissues with damaged odontoblasts then have no chance of survival. They then become the potential foci of tomorrow.

In answer to assertions by colleagues to the effect that they only grind the enamel with their turbines, I would like to reply that they are in no position to differentiate macroscopically whether they are still working in the enamel or already in the dentine. Even if the bur only contacts the dentine at one single point, the suction effect

on the dentinal tubules has then already produced, causing irreversible damage to the pulp. A partial statistic for ground or milled teeth speaks for itself: the application of conventional methods of pulp testing on teeth treated with turbines in this way merely produce changed sensitivity values. Not until measuring with electro acupuncture stimulation current test can the damage be established in an exact manner.

Responses to cold or heat stimuli or to electric currents, (i. e., via the usual clinical "vitality tests"), provide no evidence for the functionality of the pulp's resistance as an organ. I have been able to provide supporting evidence with test results involving histological examinations on extracted teeth which had previously been "treated" with turbines

Below is an example of teeth loss due to high-speed drilling.-



Low-speed drilling results in less loss of teeth and greater patient comfort after preparing the teeth for a filling, crown, inlay, or bridge. "Low-speed drilling" should be done at 20,000 rpm or less.

Protection is needed while mercury silver amalgams are being replaced. Drilling out mercury silver amalgams creates toxic mercury fumes. Your dentist can use two vacuum systems to remove nearly 100 percent of toxic mercury fumes.

1) One vacuum system, called Clean-Up-Tip is used in the mouth over the tooth being drilled to capture the grindings and fumes.

2) A second vacuum system held at the chin creates air-flow over the face pulling any remaining mercury fumes away from the dentist, assistant and patient.

Continuation High Speed Drilling

Many dentists believe the rubber dam should be placed over any tooth, while removing this metal. Tests have shown mercury fumes from the mercury silver amalgam pass through the rubber dam as well as through the dentist and assistant's rubber gloves.

Below is another picture of teeth loss due from speed drilling.



See my book for details on this subject of "what to take before having mercury silver amalgams removed".

ORAL POTENTIAL METER

Please go to: www.MetalPoison.com for additional info on the OPM

The Oral Potential Meter II aids the dental professional in detecting potential caries. It performs measurements of certain electrochemical properties of various metallic restorations.

For more info on the OPM please go to: www.MetalPoison.com

Mercury fillings that have been placed over a period of time, develop a different content, as does other kinds of dental metallic restorative material. When both are placed in the same oral cavity of the same individual, galvanic electricity generated between the two can be measured exactly. -Various biological tests reveal how electricity exerts its influence on hard tissue and pulp of the teeth.

Laboratory examination of the tests revealed the following results:

1. Using different electrobaths made of mercurous chloride electrodes, the natural electric potential of amalgam and various kinds of alloys for dental use can be measured. The mercury content changes the potential of different amalgams. The increase of mercury content, produced an unstable condition that could be demonstrated. In fillings of small mercury content, the current veered to the (+) over a period of time (48 hours) the condition stabilized.

2. Various metal for dental use, produced an unstable condition in the (-) side is placed.

3. Two teeth, under laboratory conditions, with different amounts of mercury in the fillings in contact, in a "an" electro conducting container exhibited decalcification in the one with the highest mercury content.



4. High to medium gold alloy inlay and a tooth containing an amalgam placed into an electro test container, exhibited a stronger current flow than in example three. Again a remarkable decalcification took place in the hard tissues of the tooth with the most mercury.

5. Other experiments on animals produced the same results.

6. Pulp tissue from the galvanic current produced pathological changes indicating that the battery effect of amalgams can affect the health of the tooth.

7. The forgoing information demonstrates the changes in the hard and soft tissue the galvanic current can produce on the teeth that contain amalgams.

The measurement of natural electric potential inside the mouth caused by dental amalgam filling and its influence upon the tissue of the tooth by Akira Shimomura J. Osaka Gynecological Society Vol. 21(No. 5) Nov 25 1958 (The first Dept. of Anatomy, Osaka dental college Chief of the Dept., Senior Prof. Mikio Shirasu.)

Transferred from amalgams per second, Dr. James Masi Ph.D.

An inference regarding the ion exchange, anodic and cathodic regions, and possible excessive galvanic effects can be made simply as follows: Polarity indicates cathode vs. anode voltage gives the magnitude (driving potential) for the electro-chemical reaction: and current gives the number of ions per second transferred eg. Hg vs. Au, is positive, approximately 0.4 volts, with respect to Hg, at 10 microamperes (typical of measured values using this method). I is the current amperes (Coulombs/second) q is the electronic charge (coulombs), n is the valence of the species (eg. Hg, then $N = Inq$ (eq.3) or $N = 10 \times 10$ to the 5th / $(2 \times 1.6 \times 10$ to the - 19th) = $3 \times 12 \times 10$ to the 13th ions/sec., assuming Hg is available in an electrolytic environment.

Further calculations lead to removal of approximately 10 ng/sec. for a constant current as measured. Measurements

made on the saliva of thirty subjects with mixed metals in the mouth

(eg. Combinations of one or more pairs of orthodontic stainless steel, amalgams, gold inlays, titanium post, base



metal post, graphite composite posts, etc.) were made by A.A. S., stripping utilized the infection atomized species into a flame with the attendant absorption (from an Hg discharge lamp, for example) or emission from the flame of certain wavelengths characteristic of the metal to be detected.

The basis of this work utilized both FAAS and GFAAS with detection limits of 0.3 to 1 micro

gram/ L, dependent on whether or not gold amalgamation concentration techniques (16) were used. A second method involves a slightly less expensive gold film techniques call differential pulse Anodic Stripping Voltammetry (17). with detection capabilities down to 1ppb (1pg/L). A third, less expensive method for detection in vivo is a potential / current/energy meter, which measures the potential, current, and energy between two metallic restorations.

Picture shows radio active mercury ions released into the tissue of a monkey from amalgams placed in the occlusal surfaces of the molar teeth.

Click here:

For more documented references on subject
Read more about the Oral Potential Meter at

<http://www.MetalPoison.com>

The effects of plaque:

A Bio-electrical phenomena

An electrical potential applied to bone will cause demineralization at the positive electrode and calcification at

Continuation OPM

the electrode.

Nature 104: 652-54, 1964

Electrical currents applied to tooth structure act in the same way, producing decalcification at the positive electrode and calcification at the negative electrode.

Arch Oral Biology 11: 931-36.1966

Dental plaque can act as a fuel cell, capable of generating an electrical potential. Parker, RB and Snyder, LM the electrical potential of dental plaque

Life Science 3: 1276-79 1964

Voltages produced by bacterial mats vary depending on temperature and the strains of organisms. Mats of mixed cultures may produce up to 160 millivolts. A dramatic increase occurred when the mat was flushed over by sugar of up to 450 millivolts.

Arch Oral Biol 122: 131-140, 1967

Electrical potential of the plaque may play a role in the decalcification of tooth structure associated with the caries process.

J D Res... 48: 795-98, 1969

JD Res 52:199-205., 1973

Calcified tissues of bone and teeth maintain resting potential. Cell activity is mainly responsible for bio-electrical potential in bone. When metabolism ceases, the potential also ceases.

Calcif Tissue re...13; 53-62, 1963

Bio-electrical Facts:

Enamel surface has an electrical potential of 0-20 millivolts in relationship to the negative internal potential. The potential difference occurs due to the difference in ionic strength of the saliva on the external surface and the blood internally as well as tooth metabolism.

More Bio-electrical Facts:

Average resting potential of the external surface is 5-10 millivolts positive. Indirect evidence seems to indicate that the resting potential of the enamel surface is maintained by internal tooth metabolism.

More Bio-electrical Facts: continued..

With the application of acid to the enamel of a vital tooth, the surface potential of the tooth becomes a negative 45-50 millivolts. However, it does not remain at that level but returns very rapidly to its resting potential. This change in potential difference alters tooth metabolism and ion movement and is dictated by the tooth's internal activity. **JD Res 48: 789-94, 1969**

Calcium and potassium are found in measurable amounts in the chemical composition of human enamel fluid. Calcium in the fluid appears to be mobile, exchangeable and could be influenced by an electrical field. Adv. FI

Res...and Dent Caries Prev 4: 163-68, 1965

If tooth metabolism fails, it loses its ability to restore resting potential. Calcium tends to then move from the deeper portions of the tooth to the negatively charged plaque on the surface. The subsurface enamel demineralizes and the enamel surface mineralizes. **JADA 83: 1078-80, 1971**

More Information:

<http://www.altcorp.com>

<http://www.pertecofwi.com>

<http://www.bloodph.com>

CAVITATION OF THE JAW

Locating and checking **Cavitations of the jaws** before and after surgery with **Computerized Electrodermal Systems (CEDS) StarTech Health systems.**

A basic background in **CEDS** is required to have an appreciation for the value of this technique that can be aided with this instrument.

For information on **CEDS** call **StarTech Health** at 801-229-1114.

Abstract:

Method and technique for locating pathology in the hard and soft tissues of the oral cavity with the use of a computerized electrodermal system has a consistent track record. Patients find this noninvasive approach inexpensive, direct and comfortable. Conservation of the surgical sight can be controlled with measuring and stimulating to locate and clear pathology from the oral cavity.

Follow up **CEDS** checks helps to prevent clinical or sub-clinical health problems related to the surgical sights. Restorations in the teeth play an important role with the healing results of any surgery when removing teeth or osteonecrosis of jaw (cavitation). Energy from metal or metal oxide containing restorations or implants prevents good healing after surgery, this included composites, containing fluoride, aluminum and iron oxide.

The Dental Protocol: is followed to evaluate and prepare the oral cavity for surgery. Replacement of metal containing dental materials is checked at that time. Two restorative dental materials have been found to be compatible energetically for most patients, **BellGlass (by Kerr)**, unshaded, for crowns, inlays and bridges and **Holistore (by Den Mat)** for bonding and smaller fillings.

The Dental Protocol will aid the investigator in selecting these and other restorative materials. Click here for bonding protocol, restorative materials and reliable lab.

Locating the pathology for atypical facial pain, nonvital teeth and scar tissue that cause pain makes this instrument a valuable aid and a time saver. Consistent reading of an imbalance to **Ly 2**, the small intestine and heart meridians indicates the wisdom teeth areas are the main area for surgical biopsy. Using **Ratners** outline for pain reflex adds another supportive technique for locating the cause of this type of facial pain. Using his method of local anesthetic to isolate the location of pathology in the jaw can be confirmed with the **CEDS**. The use of **CEDS** eliminates the injecting along the jaw to pin point where surgery is necessary. Stimulation along the jaw with **Stim-f1** then checking **Ly2** is done to find the primary area for atypical facial pain. Attaching the ground of the **CEDS**

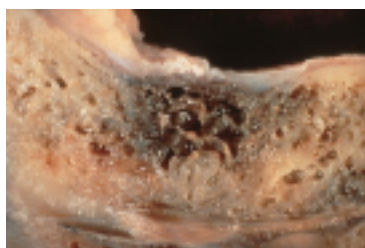
device to the Stim-1 ground and stimulating with the probe along the jaw saves time and painful injections for the patient. A demonstration is most valuable to shorten the learning curve.

Harold K. 60 year old male with typical trigeminal neuralgia of the right side of the face and head. The reflex of the pain covered the exact areas of Ratners pictorial description. Harold went to the Marshfield clinic for an evaluation by a neurologist. They suggested strong pain pills and or invasive neurosurgery.

One mandibular block stopped the pain indicating the cause was in the lower jaw with the reflex pain to the upper jaw and side of the head. A large cavitation was uncovered back of the second molar a surgical sponge was placed to allow drainage. Two more treatments with the surgical sponge stopped the pain for three months. In September he returned with an intense pain in the same area.

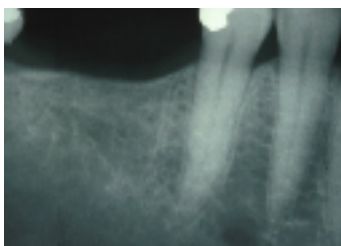
The anesthetic block to the lower mandibular area stopped the pain again. Surgery uncovered in the same area a cavitation one half the original size. A surgical sponge was placed, as in the first surgery, and the pain stopped. One more treatment was given, he is doing well six months later. Drainage remedies were given the second time to help clear the liver and kidneys along with a Human Microflora to heal the intestinal tract and improve digestion.

Opening in bone into cavitation



Cavitation in the jaw

Cavitations (osteonecrosis)



After surgery the same steps to

Continuation Cavitation of Jaw

locate the pathology are used to confirm the pathologic bone has been removed. The surgeon can be very conservative by checking and removing only the bone that is involved in the lesion.

This method is called "**Do and check**", until a balanced reading with the CEDS is obtained. Follow up checks are recommended every three to six months. Biopsies of the hard and soft tissue are sent to the oral pathologist **Jerry or Affinity Labeling Technologies** for confirmation of the tissue biopsies. Click on their web links attached to this web site. Case studies:

Adell P. 36 year old female with extreme facial pain in the molar region of the upper right first and second molar. Location of the pathology with CEDS found the problem to be a lingual root cavitation. Two surgeries were performed on the buccal with only temporary relief (2 to 3 hours). Evaluating the lingual root of the second molar, the cause was located where the palatal root was before extraction at age 16. The third molar moved into the second molar space making one think the third molar was the second molar. A check of her records indicated the closed space should be checked buccal and lingual. Pain left that day.

Location of Atypical Facial Pain or Neuralgia Inducing Cavitation Osteonecrosis and non vital teeth with local anesthetic, X-ray evaluation and or the use of the CEDS (computer electro dermal system) with Stim- 1-

A. INTRODUCTION

Facial pain, otherwise known as dental pain, trigeminal neuralgia or tick douloureux is a condition which has been treated in many ways. Surgical excision of the bony area has produced the best results along with nutritional support. The perplexing problem is location of the cause of the pain.

B. METHODS OF LOCATING THE CAUSE

1. Stim-1- is directly attached to the ground of the CEDS to aid the operator in locating types of metal in dental restorations, non vital teeth and or osteonecrosis of the upper and or lower jaw.

2. Stim-1- put out 3.5 volts divided by 1 K ohm is 3.5 milliamps. This current is applied to an area of the jaw, with a probe, will reflect to Ly2 the health of that odonton (hard or soft tissue of the jaws). Reading on the CEDS above 55 with an indicator drop will signal the operator to mark that area as a sight for surgical biopsy of the bone. Teeth that give the same dysfunction reading need to be

checked with other standard methods and the decision is left up to the patient once a non vital condition is determined.

CLINICAL SIGNIFICANCE

The clinical significance for the study in the skin conductance measurement by CEDS and electrical stimuli from Stim-1- is to locate tissue dysfunction of the jaws that may be the cause of dysfunction to the body. Using a small test probe allows clinical investigators to pin point the area to be biopsied. X-rays can overlook areas that are hidden between heavy cortical plates of bone, ex. the lower third molar area. This information could help the CEDS health practitioner to screen and recognize sights without an invasive procedure to the patients jaw. Research information with Stim-1- and biopsies of the jaw tissue will give clinical significance to the effectiveness of the instrument.

PURPOSE

The purpose of this research is:

1. To determine if conductance measurements at a specific location, Ly2, of subject and correlation to pain or pathology of the jaw using Stim-1- is very helpful.
2. To determine the exact location of the atypical facial pain or dysfunction.
3. To determine with the CEDS and Stim-1-, that metallic containing restorations are the cause of dysfunction to the tooth and or jaw.

HYPOTHESIS

The hypotheses of the study using Stim-1- with CEDS is to locate more exactly the location of jaw dysfunction's.

STIM-1- SCREENING

Stimulating areas of the jaw tissue with 3.5 volts using a square wave aids in transmitting information to Ly2 for interpretation by the operator of the CEDS.

SKIN CONDUCTANCE

The method for skin conductance is to have the subject hold a ground electrode wrapped in wet gauze in one hand while the ground of Stim-1- attachment is connected to this same ground of the CEDS. The probe of Stim-1- is gently touched to the jaw tissue to be tested after the instrument is turned on.

Turn instrument on and off after each stimulation to conserve battery. CEDS probe is then applied to the Ly2 point

Continuation Cavitation of Jaw

and readings are recorded as well as jaw point location if dysfunction is noted. These areas can be noted on the note pad in the CEDS soft ware. Probe tips are removable and sterilizable.

The basis for the skin conductance measurements and stimulation were established by Dr. R. Voll, M.D. 1956 to 1978 Refer to resource books.Basis for Skin Conductancea. The body, like any other substance, has electrical properties of conductance and resistance which can be measured by applying a current.b. Each conductance point in a healthy individual is 100,000 ohms, while the surrounding tissue is 2-3 million ohms.

Stim-1- applying to dysfunction jaw tissue will be recorded by the CEDS in the ranges of 65 or higher, healthy tissue when stimulated in the same manner will record reading of 48 to 55 without an indicator drop.Method of StudyLy2 is balanced before stimulating with Stim-1-odontons of the jaw. Each recording is used to determine condition of the stimulated tissue.

Confirmation is determined by the oral pathologists report These findings are coordinated and submitted to the IRB.EQUIPMENTS box with a ground lead and a positive probe lead. On and off push button switch with an LED to indicate when 9 volt battery is out putting. The frequency is between 40 and 50 KHZ. Voltage out put is 3.5 volts at the probe end divided by 1Killaohm is 3.5 milliamps.

This research addresses the need for convenient, cost effective, safe and timely data collection about the patient. Like the temperature measurement, the conductance and stimulation of the jaw tissue provides a simple, inexpensive, non invasive screening method that gives immediate findings to the patient and operator for surgical or non-surgical intervention.

Resource information.

The following books and material can be ordered through **Dr. Ed Arana 408-659-5385 Fax 408-659-2417.**

Mouth Infections and Their Relation to Systemic Diseases Volume I and II

Malcolm Graeme MacNevin, M.D.,F.A.C.P. Harold Sterns Vaughn, M.C., D.A.C.S.
Issued by the Joseph Purcell Research Memorial

Dental Infections Foci and Diseases of the Nervous System by Tore Patrick Stortebecker Neural Focal

Dentistry Dental Interference Fields and N.I.C.O. (Neuralgia Inducing Cavitational Osteonecrosis) Neural Focal Dentistry

Illness caused by Interference Fields in the Trigeminal, by Ernesto Adler, M.D., D.D Electroacupuncture Primer (Soft bound , 164 pages many illustrations) F. Warner, MS, R. Vol

MD Dental Infections Oral and Systemic: Volume I and II Wesson Price, D.D.S. International Association of EAV Presents Dr. Joachim Thomsen, by Joachim Thomsen, D.D.S. Ratner

Bone Cavities, Trigeminal Neuralgia Atypical Facial Pain assembled by Robert E. McMahon, D.D.S.Characterization and identification of Chemical

toxicants isolated from Cavitational material and infected root canaled teeth: in Situ testing of teeth for toxicity and infection:

Boyd Haley, College of Pharmacy, University of Kentucky, Lexington, Ky 40536-0082

Phone: (606)257-2300- ext 246

For information on STIM-1 Contact person is Douglas L. Cook, DDS, SC

Tel: 920-842 2083 or

Write to: Dr. Douglas Cook,10971 Clinic Road, Suring WI 54174.

PATHOLOGY OF THE JAW

Location of **Atypical Facial Pain or Neuralgia Inducing Cavitational Osteonecrosis** and non vital teeth with local anesthetic, X-ray evaluation and or the use of the CEDS (computer electro dermal system) with **Stim- 1-**.

A. INTRODUCTION

Facial pain, otherwise known as dental pain, trigeminal neuralgia or tick douloureux is a condition which has been treated in many ways. Surgical excision of the bony area has produced the best results along with nutritional support. The perplexing problem is location of the cause of the pain.

B. METHODS OF LOCATING THE CAUSE.

1. **Stim-1-** is directly attacked to the ground of the CEDS to aid the operator in locating types of metal in dental restorations, non vital teeth and or osteonecrosis of the upper and or lower jaw.

2. **Stim-1-** put out 3.5 volts divided by 1 K ohm is 3.5 miliamps. This current is applied to an area of the jaw, with a probe, will reflect to Ly2 the health of that odonton (hard or soft tissue of the jaws). Reading on the CEDS above 55 with an indicator drop will signal the operator to mark that area as a sight for surgical biopsy of the bone. Teeth that give the same dysfunction reading need to be checked with other standard methods and the decision is left up to the patient once a non vital condition is determined.**CLINICAL SIGNIFICANCE**The clinical significance for the study in the skin conductance measurement

by CEDS and electrical stimuli from Stim-1- is to locate tissue dysfunction of the jaws that may be the cause of dysfunction to the body. Using a small test probe allows clinical investigators to pin point the area to be biopsied. X-rays can over look areas that are hidden between heavy cortical plates of bone, ex. the lower third molar area. This information could help the CEDS health practitioner to screen and recognize sights without an invasive procedure to the patients jaw. Research information with Stim-1- and biopsies of the jaw tissue will give clinical significance to the effectiveness of the instrument.

PURPOSE

The purpose of this research is:

1. To determine if conductance measurements at a specific location, Ly2, of subject and correlation to pain or pathology of the jaw using **Stim-1-** is very helpful.

2. To determine the exact location of the atypical facial pain or dysfunction.3. To determine with the CEDS and **Stim-1-**, that metallic containing restorations are the cause of dysfunction to the tooth and or jaw.

HYPOTHESIS

The hypotheses of the study using Stim-1- with CEDS is to locate more exactly the location of jaw dysfunction's.**STIM-1- SCREENING**Stimulating areas of the jaw tissue with 3.5 volts using a square wave aids in transmitting information to Ly2 for interpretation by the operator of the CEDS.

SKIN CONDUCTANCE

The method for skin conductance is to have the subject hold a ground electrode wrapped in wet gauze in one hand while the ground of Stim-1- attachment is connected to this same ground of the CEDS. The probe of Stim-1- is gently touched to the jaw tissue to be tested after the instrument is turned on.

Turn instrument on and off after each stimulation to conserve battery. CEDS probe is then applied to the Ly2 point and readings are recorded as well as jaw point location if dysfunction is noted. These areas can be noted on the note pad in the CEDS soft ware. Probe tips are removable and sterilizable.

The basis for the skin conductance measurements and stimulation were established by **Dr. R. Voll, M.D.** 1956 to 1978 Refer to resource books.

Basis for Skin Conductance.

The body, like any other substance, has electrical properties of conductance and resistance which can be measured by applying a current. Each conductance point in a healthy individual is 100,000 ohms, while the surrounding tissue is 2-3 million ohms. Stim-1-applying to dysfunction jaw tissue will be recorded by the CEDS in the ranges of 65 or higher, healthy tissue when stimulated in the same manner will record reading of 48 to 55 without an indicator drop.

Method of Study Ly2 is balanced before stimulating with Stim-1- odontons of the jaw. Each recording is used to determine condition of the stimulated tissue. Confirmation is determined by the oral pathologists report These findings are coordinated and submitted to the IRB.

EQUIPMENT

A box with a ground lead and a positive probe lead.

On and off push button switch with an LED to indicate when 9 volt battery is out putting. The frequency is between 40 and 50 KHZ. Voltage out put is 3.5 volts at the probe end divided by 1Killaohm is 3.5 milliamps. This research addresses the need for convenient, cost effective, safe and timely data collection about the patient. Like the temperature measurement, the conductance and stimulation of the jaw tissue provides a simple, inexpensive, non invasive screening method that gives immediate findings

to the patient and operator for surgical or nonsurgical intervention. Resource information.

The following books and material can be ordered through Dr. Ed Arana 408-659-5385 Fax 408-659-2417.

Mouth Infections and Their Relation to Systemic Diseases Volume I and II

Malcolm Graeme MacNevin, M.D., F.A.C.P. Harold Sterns Vaughn, M.C., D.A.C.S.

Issued by the Joseph Purcell Research Memorial **Dental Infections Foci and Diseases of the Nervous System** by Tore Patrick Stortebecker Neural Focal Dentistry Dental Interference Fields and N.I.C.O. (Neuralgia Inducing Cavitational Osteonecrosis)

Neural Focal Dentistry;
Illness caused by Interference Fields in the Trigeminal,
by Ernesto Adler, M.D., D.D

Electroacupuncture Primer (Soft bound , 164 pages many illustrations) F. Warner, MS, R. Vole, MD

Dental Infections Oral and Systemic: Volume I and II
Wesson Price, D.D.S. International Association of EAV
Presents Dr. Joachim Thomsen, by Joachim Thomsen,
D.D.S. Ratner

Bone Cavities, Trigeminal Neuralgia Atypical Facial Pain assembled by Robert E. McMahon, D.D.S.

Characterization and identification of Chemical toxicants isolated from Cavitational material and infected root canaled teeth: in Situ testing of teeth for toxicity and infection: Boyd Haley, College of Pharmacy, University of Kentucky, Lexington, Ky 40536-0082
Phone: (606)257-2300- ext 246

For information on STIM-1

Contact person is Douglas L. Cook, DDS, SC
Tel: 920-842 2083 or

Write to:

Dr. Douglas Cook,
10971 Clinic Road, Suring WI 54174

PAIN CONTROL BY PRACTITIONER AND PATIENT

Pain control by Practitioner and Patient

This article is for preoperative and postoperative surgery of cavitations, simple and complicated extraction, control of bleeding, swelling and discomfort.

- Preoperative and postoperative surgical steps for patient comfort.
- Reasons for postoperative pain from extractions.
- Patients home care to prevent pain after oral surgery.
- Treatment of dry sockets.
- Use of magnets for after surgery pain control

This is infection from a root canal, if not removed it can be the reason for pain and poor health. Oral surgery of any kind is a major operation when it is performed on yourself, when it is performed on someone else it is classified as minor. Teeth have a far reaching effect on the body producing major problems in many cases that go unrecognized resulting in treatment that can go on forever without a cure.

Knowing the Energetic Relation of the Teeth to the Organ and Tissue Systems chart is the first step to understanding the possibility of the oral cavity as a cause of ill health.

Dr. Voll states that "ninety percent of systemic problems are caused or influenced by the oral cavity".

This information will help health professionals and their patient understand the importance of preparing the patient for all types of surgery. **Many surgical failures have nonviable teeth and metal restorations at the root of the cause of ill health.**



This procedure is for planned extractions. The first step to prepare the patient for simple or complicated extractions is removal of all metals from the oral cavity. This will include the composites that have aluminum, barium, iron oxide and or fluoride. All metals have a bad effect on healing that cannot always be seen immediately. Blood studies have demonstrated an increase in the immune system after metals have been removed. Each tooth has its direct or indirect association to organs and tissue systems. The best book for a detailed explanation of this association is

Dr. Voll's book, INTERRELATIONS OF ODONTONS AND TONSILS TO ORGANS, FIELDS OF DISTURBANCE AND TISSUE SYSTEMS.

Research work done in Germany supports the findings that metals inhibit healing and can leave residual osteitis in old extraction sites. Amalgam tattoos with their metal content are also an important factor as is removing metals from the teeth.

Patients who elect to follow the removal procedure need to be tested for replacement restoration. Two of the most bio-compatible, metal free dental restorative materials, are unshaded **BellGlass** and **Holistore**. **Tenure** and **Tenure S** are used to bond the **BellGlass**, an **80% glass and resin binder** to prepared teeth. **Holistore** is also used to fill posterior and anterior teeth where **BellGlass** cannot be placed or cost prevents its use.

Patients are given a protocol for the chelation of heavy metals using **cilantro**, **chlorella** and **garlic two weeks before amalgams** are removed. This regimen is followed for six months to a year after the metals are removed from the teeth. Hair, and special blood and urine mercury tests can be checked for presents of mercury and other heavy metals. Other procedures can be followed for the removal of these undesirable metals.

The normal results from oral surgery after the metals are removed is very little swelling, bleeding or discomfort. Health practitioners notice a better healing response for patients surgically after the metals are removed. Patients fortunate enough to find this combination of physician and dentist working together to find the cause of their ill-

ness have a better chance for good health.

Patients are helped with homeopathic postoperatively by prescribing Body mend or individual remedies of Ruta Graceola for the first day, five drops under the tongue every ten minutes. The second day they use Hepar sulphuris, staphysagria or mercurius sol, every one half hour, five drops are placed under the tongue. The third day calcarea phosphorica, calcarea flurica or calcarea carbonica given every two hours that day and continue for three more days to insure good healing.

The placing of a magnet over the extraction area using the north pole for twenty minutes is good for comfort over the surgical area. Insuring comfort after surgery the use of vasoconstriction anesthetic with no preservatives allows the blood to enter the surgical area immediately starting healing. Anesthetics that do not allow the blood to enter or leave the area restrict healing and can cause the death of teeth in the same area.

Patients are advised to eat no meat for forty-eight hours while increasing their vegetables and water for two days or six meals. This all helps healing and comfort postoperatively.

Dry sockets are a result of poor healing, nutritional deficiency presents of infections, other than the extraction sight, and metals in the teeth as mentioned above. One of the best treatments for a dry socket is the combination of equal parts of GUAIACOL, PERUVIAN BALSAM and GLYCERIN. A small cotton piece, the size of a wheat berry ad one centimeter long, is moistened with this solution, blotted with absorbent paper and placed in the socket. Comfort, if placed deep enough and in the root socket causing the pain will follow in ten minutes. Time this placement of the cotton, if there is no relief, recheck, a new cotton piece may be needed in the area, or placed deeper. The fumes from the medication are all that is needed, excess medication only gives a bad taste.

PROTOCOL FOR DENTAL SCREENING

Protocol for Dental Screening with Computerized Electrodermal Systems

This protocol assumes the operator has a basic knowledge of electrodermal screening. Tooth location is numbered for upper right, to upper left, from lower left to lower right. They number from one to thirty -two.

Please refer to the "THE TEETH AND THE BODY ENERGETIC INTER-RELATIONS", chart for the exact position of the teeth and through those tissue systems that each tooth is related. A detailed knowledge of the chart is important in understanding the mouth and its relation to the bodies health. The protocol is used to evaluate the mouth and its energetic relations to organs and tissue of the body. You will also be made aware of the false negatives and why they present the appearance of a compromised tooth from outside interference fields. The protocol will help to differentiate between dental materials and diseased teeth that cause abnormal signals.

Procedure:

Let us begin with an evaluation of a patient coming to the office for Electro-Dermal screening. Bring up the points screen or make an individual screen for dental checking. The points used will vary from two to three points for each meridian on one hand.

These points are as follows:

Ly 1, CMP Ly and Ly2, Lu 11, CMP Lu, Lu 10.5, LI 1, CMP LI 2, ND 1a, CMP ND, ND 3, Cir 9, CMP Cir, AI 1, AI 3, CMP OD, TW 1, CMP TW, TW 3, H 9, CMP SI 1, CMP SI, SI 2. The purpose of these measurements is to establish a base value for the meridians. Consistently you see high readings with indicator drops of varying degrees will indicate there is a key to the high readings and ID's.

One must balance these readings to between 48 and 55, in most cases, you will be able to balance to 50 without an indicator drop.

Balancing the points is where you have to become a good detective and find the reason or reasons for the imbalances in the readings.

The following signals are placed in the order of greatest influence on the body.

Mercury silver fillings (amalgams), Non-precious crowns and bridges (made from Nickel, Chrome, Beryllium or Nickel, Chrome, Gallium, Molybdenum).

They are found in the **dental nosodes.**

Aluminum is found in **composites** along with iron oxide and fluoride. Some composites contain Barium, however barium is more likely to found in a cavity liner that is made up of hypocal (slake lime or calcium hydroxide).

Gold (zahngold or Dental gold) is made of many alloys and is **never pure gold.**

Cadmium is a heavy metal that is in gutta-percha, used in **root canals.** Partials and implants have an effect on the reading along with the plastic of dentures that in many cases contain cadmium for the pink color.

Be aware of **amalgam tattoos** that is a result of galvanic current transferring metallic ions into the tissue.

These tattoos can also have an effect on the patient's imbalance.

The **Oral Potential Meter** will measure millivolts, microamps and microwatts time seconds in some cases. The removal of the amalgam tattoo is left up to the discretion of the health practitioner and patient.

Note case history after an amalgam tattoo from a 40 year old female was removed at the end of protocol.

The next step is to know the effect that can cause an imbalance to ND 1a other than teeth, tonsils, and scars. This step is necessary to pick compatible dental materials for the patient.

The List is as follows:

- 1. Cosmetics usually petroleum base.** (Remedy) is petroleum 3 or 6x
- 2. Jewelry** most contain Nickel base, gold plated (Remove)
- 3. Ear rings** including plastic posts. (Remove)
- 4. Hair pins.** (Remove)

Continuation Protocol for Dental Screening

5. Permanents-some contain formaldehyde. (Remedy) Formaldehyde 3 or 6x

6. Metal in the glasses-frames crossing bridge of nose and in the bows. (Remove) Graphite and some all plastic frames seem to work better. Have patient bring in several frames to be measured with CEDS.

7. Labels in clothing (Remedy) is Ethylene Blue 3 or 6x

8. Synthetic Clothing. (Remedy) is polyacrylate. 3 or 6x

9. Finger nail polish. (Remedy) iron oxide and or petroleum

10. Electric watches and metal watch band, back of watch is stainless (nickel) (Remove)

11. Surgical clips or staples.
12. Eyelet's in shoes (people sensitive to tin) (Remove)

13. Breast implants. Best to use a remedy from the same material.

14. Artificial joints. Some are nickel or plastic (Remedy) from same material

15. Wigs (nylon is sometimes in the cape for the wig) (Remove) or use Acrylate 3 or 6x

16. TMJ implants. (Remedy) autoacrylate 3 or 6x

17. Contact lens and cleaner (Remove), check cleaner

18. Medication that is not compatible

19. Supplements check ethylene glycol used in preparing supplements.

20. Reinforcing pins in teeth (Whale Dent) (Remedy) nickel

21. Root canal fillings. Cadmium

22. Chromic suture material. (Remove)

23. Bimetal currents from restorations in the teeth. Check with Oral Potential Meter.

24. Electric blankets and heaters in water beds.

25. Water beds. Polyvinalchlorides

26. Credit cards. (Remove)

27. Car openers, pagers. (Remove)-am sure you will find other influences from environmental conditions in your area which will have to be blocked to obtain a balanced reading.

When the balance of ND 1a is obtained you can check other meridians and points that gave a high reading an indicator drop for a balance.

If you have a balance on other points you know the oral cavity and the above factors are the cause of high readings and ID's. The points that may not balance are CMP for the heart and SI (small intestine) and Ly2. When this in the case you will have to check out the odontons, and balance Ly2 with jaw nosodes, then cross check the heart and

small intestine to locate the problem.

The balance of the heart and small intestine will tell you the odontons are the cause of the imbalance.

The next two steps will be helpful in locating the odonton that is causing an imbalance and the type of dental materials that appear to be most compatible.

ND 1a is used to check dental restorative materials after it has been balanced with the above mentioned information. The patient can hold the restorative material or place it on the CEDS plate.

I have found only two materials that are consistently compatible, **BelleGlass** neutral (no shade) and **Holistore** a composite for bonding and small fillings.

Patients that are ill are interested in health not cosmetics. Ly2 is balanced with one of the dental nosodes.

Kiefer ostitis, gangrenous pulp, chronic pulpitis, chronic bacterial ostitis, zahnsackchen, and exudative ostitis are the most likely remedies to balance Ly2.

Generally four or more of the same remedy are needed to balance Ly2. The greater the number of the same remedy to balance Ly2 the greater the indication of a problem with the odonton. This can be a tooth or where a tooth was, a root canal or some form of pathology. Once Ly2 is balanced **Stim-1** is used to stimulate the jaw area or tooth above or below the tooth you want to test. A high reading on Ly2 will indicate that the problem is in the area.

The best test of the teeth is with out any fillings in the tooth. Filling that contain metal or metal oxides can cause a false negative that can be balanced with the offending homeopathic restorative material by adding it to the **HOLD** tray or the plate. This method is used to evaluate the possibility of different filling materials under a crown.

A balance with placing the restorative material in the Hold will indicate the tooth is healthy and amalgam, for example, may be under the crown or inlay.

The final check of the tooth will be done after the tooth has been cleared of restorative or temporary fillings. The location of NICO (neuralgia-induced cavitaional osteonecrosis) is done in a similar manner by balancing Ly2 with one of the above mentioned nosodes.

The same stimulating process is used over the area eden-

Continuation Protocol for Dental Screening

tulous area and Ly2 is measured.

An balanced reading indicates healthy bone, a high reading and an indicator drop will mean a possible focal of disturbance. If you are going to check several teeth an bony areas, for example, the wisdom teeth or where the wisdom teeth were, you keep adding after each check the nosodes that ill balance Ly2 until you have gone through the mouth. It is possible to have as high as 50 or more odonton remedies in the hold.

The only way you know for sure is to biopsy the bone for analysis by an oral pathologist or use **Affinity Labeling Technologies**. The value of the electrodermal testing is to check the sight before and after surgery. This allows the surgeon to be conservative, doing only the removal of bone that is necessary.

CASE STUDIES

Case 1.

51 year old male had an extremely painful right elbow. Examination showed on obvious reason for the pain. An CEDS of the teeth pointed to a crowned upper right first bicuspid. X-rays, palpation and percussion were normal. There was no sensation to hot or cold, pulp test, all normal. Patient's decision was made to remove the tooth with no epinephrine, or preservative anesthetic (**Polocaine by Astra**). Surgery consisted of a gingival flap and bone removal over the roots. Root tips broke off and had to be removed surgically. The buccal root was normal, the lingual root had an abscess to small to be seen on X-ray.

Patient noticed relief of the pain in the elbow immediately on removal of the root tips.

Case 2.

55 year old male presented with **tachycardia of 220 beats per minute during exercise (145 beats per minute is normal)**. Electro dermal testing revealed a high reading and ID on Ly2 when checking #32, where the lower right third molar was removed. Bone was surgically removed with immediate and complete response to a normal heart rate to exercise.

Ten years later his heart rate is normal during exercise.

Case 3.

24 year old female with a chief complaint of a **sore throat and vomiting for three months, five times a day**. The sore throat started immediately after the removal of wisdom teeth and lasted six months. The nausea was medically diagnosed as bulimia or anorexia. Electro-dermal screening of ND 1a balanced with Silver amalgam 6x. Seven small occlusal amalgams were removed, vomiting stopped within one hour.

There has been no reoccurrence of nausea and she regained her lost weight. A fibrous connective tissue focus was removed surgically from the soft tissue of the lower right and left wisdom extraction sights, stopping the sore throat.

Case 4.

62 year old female with **diarrhea and stomach pain for three years**. Conventional medication was ineffective. X-rays revealed an amalgam in the bone of # 28 from an extraction 15 years previous. She said the area did not cause any disturbance. When told of the energetic association of the stomach and pancreas she consented to having the amalgam removed. She had immediate relief of

Continuation Protocol for Dental Screening

the diarrhea and stomach pain that evening.

Case 5.

35 year old male with **fatigue, weight loss, ankle pain and sleeplessness**. Electro dermal screening was normal in all but the lung and large intestine points.

These balanced with gold 6x, cadmium 6x, amalgam 6x, and gangrenous pulp. Tooth 30 and 19 root canal, with amalgam under the gold crowns. After both teeth were removed relief of the ankle pain, improved sleeping and higher energy level made his children happy with a dad that could play with them again.

Case 6.

38 year old female had a #14 root canal removed because of constant discomfort. An amalgam tattoo remained on the palate next to the #14 edentulous area. The area of the tattoo had a itching sensation.

The **Oral Potential Meter** reading was 240 millivolts, (normal is 10 millivolts). After removal of the tattoo, the itching stopped and to her surprise her daily dry vomiting also stopped. Stomach is related to #14.

Disclaimer of liability:

www.dentistryhealth.com web site is a site designed to inform patients and health professionals about alternatives to the tradition dental procedures and materials. The opinions presented in **www.dentistryhealth.com** web site are controversial and many disputed by other dental practitioners.

Dr. Douglas L. Cook, DDS, SC. Expressly disclaims all liability arising out of the improper use of the information provided. Please consult your treating physician or other dental professionals regarding these important health issues.

Copyright Notice Copyright 2002 DentistryHealth.

All rights reserved. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of Dr.D.L.Cook .