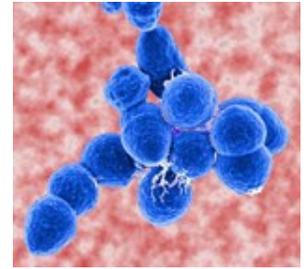


The Link between Disease and Concurrent Dental Infections: An Integrative Perspective

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Physicians and dentists have been collaborating in research and investigations of viral, mycobacterial and fungal infections found in patients with neoplastic diseases. Organisms such as *Pseudomonas*, *S. marcescens*, *Aspergillus* and *Streptococcus* can disturb the local terrain and genetic material to influence metabolic regulation processes and then cause systemic disturbances. Strategic resolution of remote etiologies can minimize their pathological effects and restore the patient's ability to interrupt the disease process.



Streptococcus pneumoniae

Link between tumors and concurrent dental infections

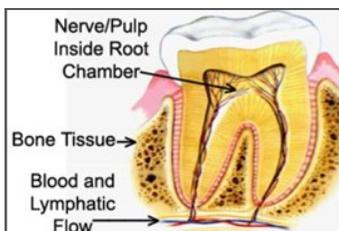
Localized infections are often related to systemic disorders.

Schupbach et al. (1996) found several types of gram-positive and gram-negative bacteria in cavitated gingival tissue where a tooth was removed but never surgically scraped clean or "sterilized." *A. naeslundii* and *S. mutans* were most prevalent, as well as *Prevotella*, *Selenomonas* and other aciduric flora.¹



Selenomonas

This is significant as the jaw terrain interacts with the nasal sinuses above and the lymphatic chains below. In fact, Non-Hodgkin's Lymphomas and multiple myelomas often have concomitant jaw infections.



Also, we know from acupuncture theory that lymphatic and neurotransmitter pathways connect various teeth with different organs throughout the body. For example, integrative physicians are growing accustomed to looking for 2nd molar infections for breast cancer patients since the 2nd molar sits on the stomach meridian, which travels through the breast tissue. In breast disorders these related connections can be simultaneously activated and should not be overlooked.

Infections can contribute to disease progression and interfere with autonomic responses.

Neurological considerations include that of Hamer (1998) who described how certain regions of the brain relay cancer terrains to distant visceral organs and linked certain microbes to those areas of effect based on vulnerability according to embryologic layer relationships. In pre-cancer states, the beneficial microbes either reverse the stress on the region or cannot meet the pressure of the progression of the disease.²



Biofilm

The significance here lies in the fact that the presence of a focal infection not only plays a role in the patient's response to the presence of dysfunction and disease development, but also creates a disturbance to the behavior of other autonomic responses. For example, in thermoregulation, as the Autonomic Nervous System (ANS) sends its sympathetic and parasympathetic signals to the exterior, the signals pass through the internal viscera and connective tissues on their way to the capillary beds of the skin.

Any focal infection, toxic load, or degenerative event located in these viscera or tissue creates a disturbance for that incoming signal which is seen downstream by capillary dilatation or constriction within the skin.

Organs and tissues such as the dental roots, pancreas, ovaries, breasts, and liver therefore act as "gates" or "gating mechanisms" to signals and neurotransmission phenomena projected from the Central Nervous System and spinal reflex arcs. Therefore, an effective way to screen for focal disturbances is by measuring the temperature response in direct relationship to the capillary status at specific visceral-cutaneous points using a functional scanning method such as Regulation Thermometry.



Identifying focal disturbances

Case Example 1

A classic case example, presided over by Dr. Thomas Rau, Medical Director at the Paracelsus Clinic in Switzerland, involved a woman who had a root-canaled tooth removed after a Regulation Thermometry screening suspected that her colitis was at least partially influenced by a dental abscess. However, when the tooth was removed the colitis continued.

After many subsequent therapies proved unsuccessful, the decision was made to perform a follow-up thermometry screening. The same tooth again showed a similar focal disturbance. A follow-up X-Ray was performed, and a remaining particle of an amalgam filling was seen to have 'migrated' deep into the jaw bone. The particle was removed, the colitis resolved, and her next thermogram regulated and showed no further focal disturbance.



A Dental Cavitation

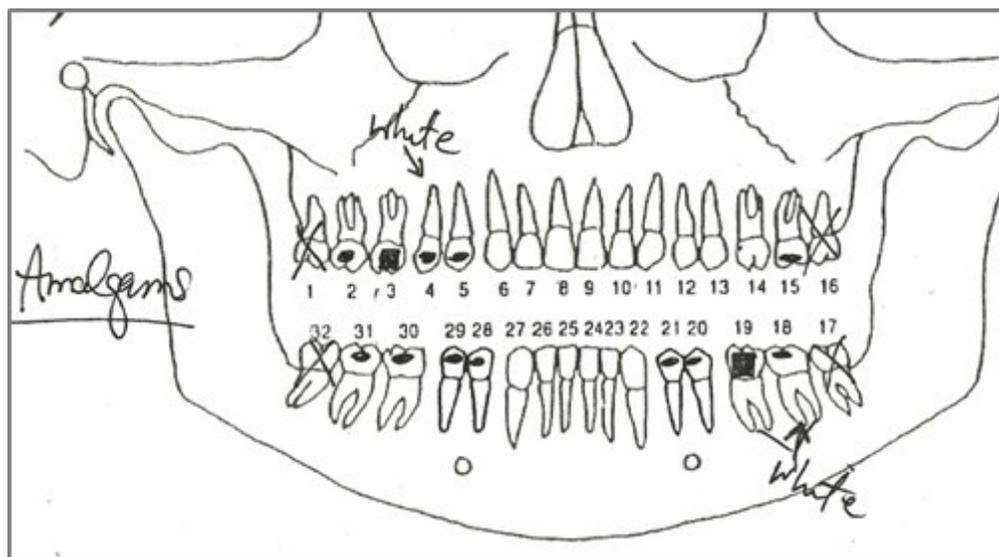
Reinvestigation of the dental region after the tooth was removed was key to a successful outcome. Regulation Thermometry guided Dr. Rau and the dentist involved to the correct course of treatment.

For over 30 years, medical doctors in Europe have been investigating dental infections as possible disease etiology. In an interview for *Alternative Therapies* journal, Dr. Rau explained how Regulation Thermometry and biological dentistry have become essential in the clinic. If teeth are disturbing a patient's regulative capacity, only after associated toxins have been removed can they work to further detoxify and rebuild the dynamics of the metabolic pathways.³

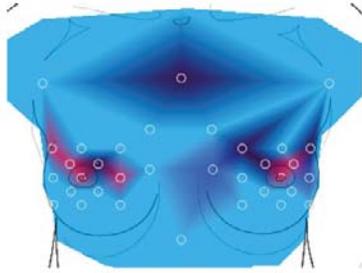
Case Example 2

Another remarkable case came from a colleague whose patient, a 54 year old female, came in for a breast health screening using Regulation Thermometry. She suffered with arthritic pain and had a history of a left breast cyst, which had been surgically removed four years prior. She also had two crowns and many large silver amalgam fillings.

Figure 1: The patient's intake form shows markings for several amalgam fillings, two white composites, crowns on teeth #3 and #19, and wisdom teeth extractions.



Although the main dysfunction in her Regulation Thermometry report showed up in the breast and dental areas (Figures 2 and 3 on the facing page), it also depicted underlying systemic heavy metal toxicity. The breast findings were concerning but since the dysregulation was bilateral and not likely to have a focused growth in one breast, the physician sent the patient to a biological dentist for a consultation and possible amalgam removal before addressing the heavy metal priority.



Signature & Gradings for Breast Dysfunction

- Mastopathy/Inflammatory
- Fibrocystic/Cystic
- Physiologically Degenerative Signature Pattern
- Lymphatic Load
- Endocrine Influence
- Organ/Tissue Influence
- Heavy Metal Toxicity
- Distant/Related Focal
- Breast Blocked Spot
- Breast Side Difference



Figure 2 (above left): From temperature differentials measured at each skin point, the Regulation Thermometry report's 2-D synthesis illustrates dysfunctional regulation at breast and sternum points with dark blue and pink colorations.

Figure 3 (above right): Contributing influences on breast health according to the findings showed mostly severe and moderate concerns as well.

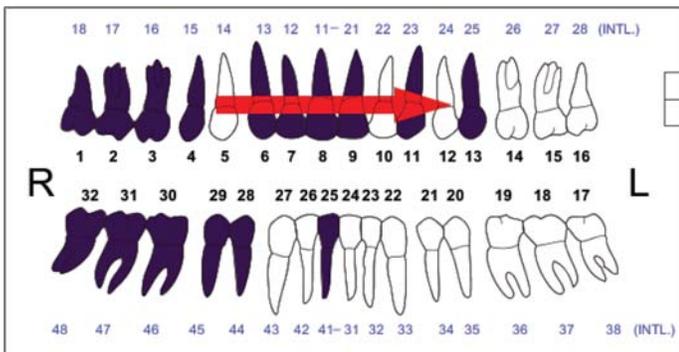
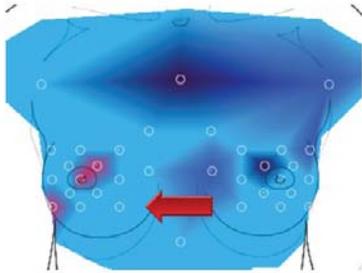


Figure 4 (left): The dental analysis showed significant dental toxicity, illustrated by the black colorations, especially in the right upper and right lower quadrants.

The patient returned 7 months later for a follow-up breast health screening after having the amalgam fillings safely removed by the dentist. She had significantly less arthritic inflammation and pain. Her thermometry test clearly improved (Figures 5, 6 and 7), and the physician then began to address the heavy metal issue.

Major historical influences such as latent infections can have a debilitating influence on the patient's ability to respond to disease development and maintain normal autonomic responses at distant organs and tissues. Although an infection might not be the sole cause for a disorder, the resolution of focal disturbances relieves the body of pathogenic influences and the general immunological burden, allowing for greater healing potential.



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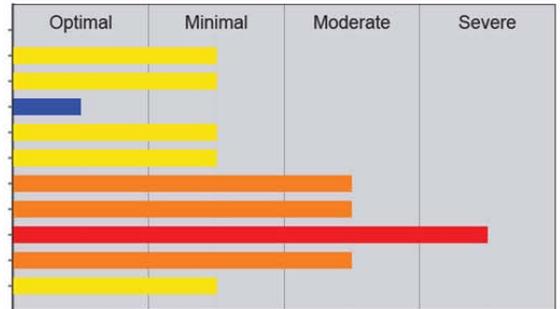
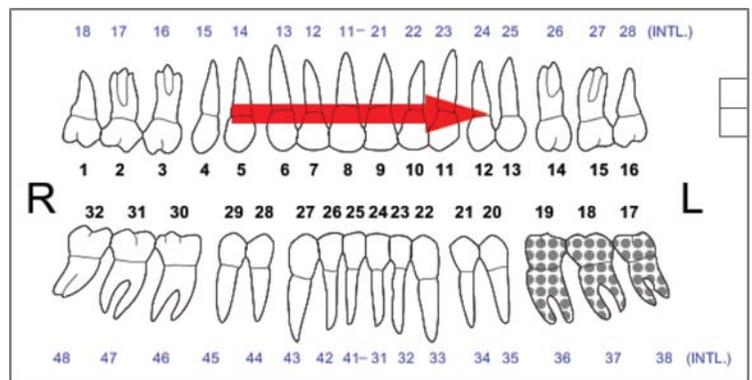


Figure 5 (above left): The follow-up report showed the regulation at the breast points were much improved despite a slight temperature asymmetry with the right breast warmer than the left.

Figure 6 (above right): The contributing influences to breast health also improved, narrowing the priorities to immune system and pancreas support, and heavy metal detoxification.

Figure 7 (right): Dental analysis also improved significantly. The dental toxicity signature was eliminated, but the lower left jaw showed an area of gingival inflammation that may have been related to the lymph of the neck.



Conclusion

A functional, integrative perspective of the patient's response capacity to disease processes can encourage the often-needed collaboration of physician and dentist. Whole-Body Regulation Thermometry has been shown to objectively identify homeostatic disturbances and provide specific information to maximize the resolution of the true cause of disease and organ dysfunction.

References

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