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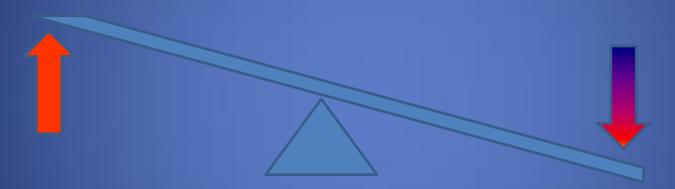
# Maxillofacial Inflammation - Homeopathic dental approach

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### What makes inflammation possible?

A. Pathological microorganisms invade.

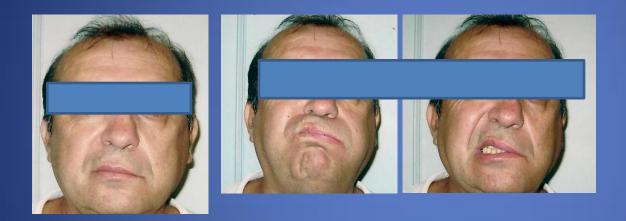
B. Immunity drop



**Treatment** 

- A. Antibiotics
- B. The correct remedy, and only the similinum stimulate or organizes the immune system in such a way that a higher level of health is attained.

Case 1 Man age 52y. W:103kg/H:174 Married. *Medical history:* Hospitalized at 7 till 9 Sep 2009 at Athens medical hospital. Diagnosis set as **facial palsy left** (peripheral type)

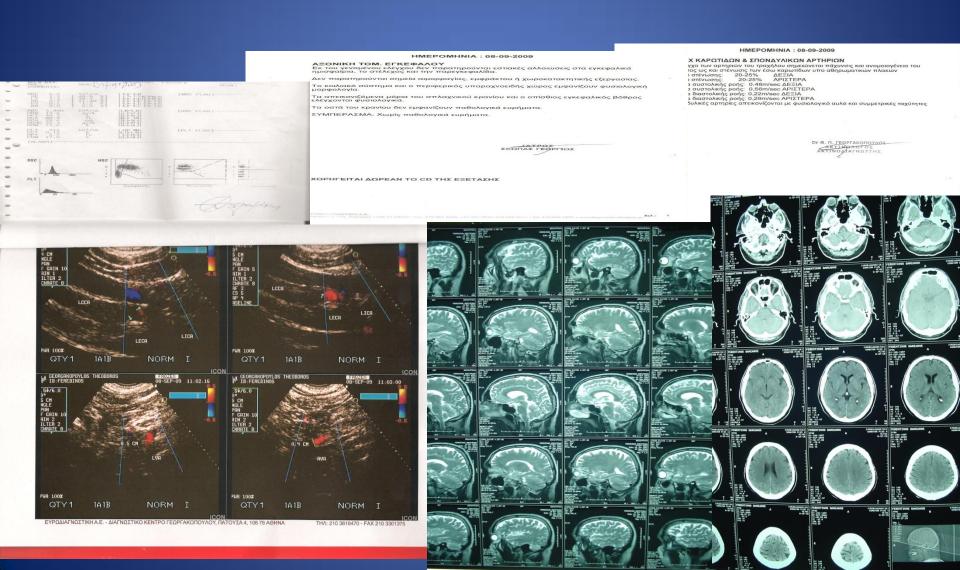


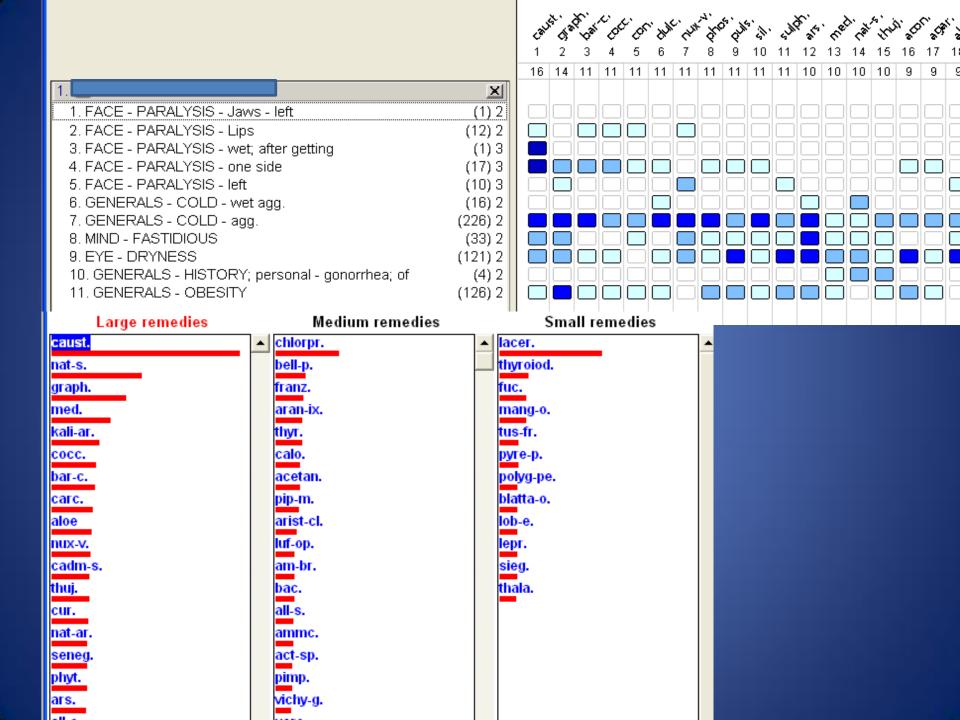
Symptoms: Falling of the left corner of the mouth, Distortion of taste-Inability to lift left eyebrow. (patient had physically overexerted himself the previous months)

**Para clinical** examinations: Blood analysis/ MRI / Rx/ electroencephalograph EEG/ Triplex carotid/ CT scan-brain.

**No pathological findings** / Prescribed with: O tabl 2x2/day for 3days methylprednisolone (Medrol), ranitidine (Zantac) 5 caps, Tears natural 2drops /2 hours.

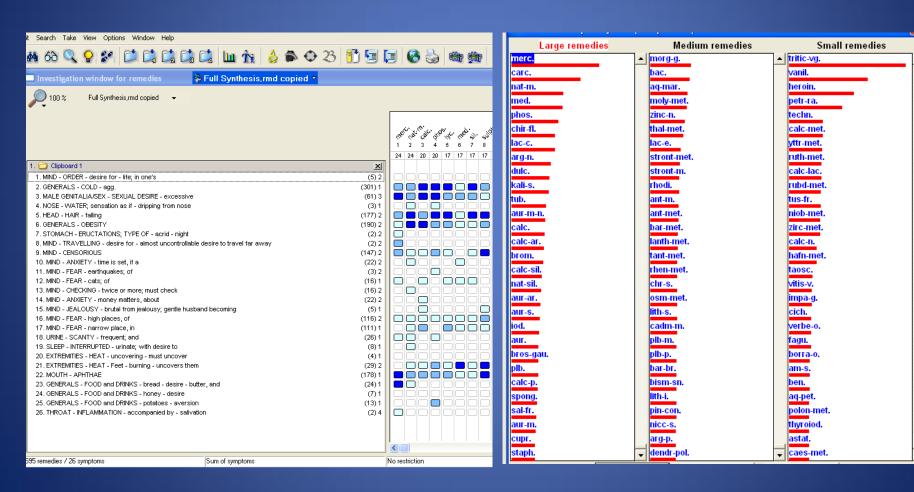
# Triplex Carotid Inter Vertebrae art., CT Scan, MRI, blood analysis.





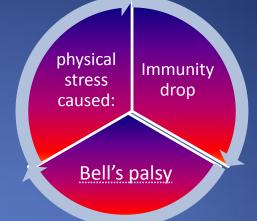
15-9-09 O. 1/day caps Causticum 30CH x 10, caps Causticum12CH x 10. gained mobility of facial muscles within 48 h.

Follow up - Jan 2010 for constitutional treatment.



## Prescription log

- 15-9-09 O. 1/day
   caps Causticum 30CH x 10,
   caps Causticum12CH x 10.
- 27-1-10 O. 1/day caps **mercury** 30CH x2, 200CH,12CH x10(follow up)



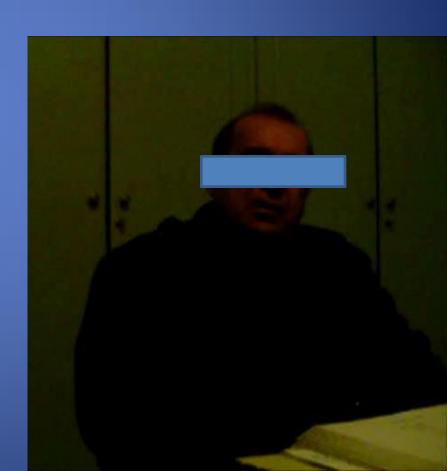


#### summary:

The cause is Unknown, recovery occurs spontaneously after 3-6 months partial to complete.

#### Possible etiology:

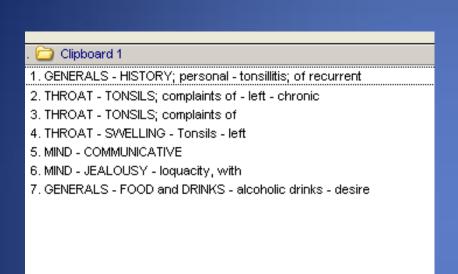
- Neural ischemia due to autonomic n. dysfunction
- viral infection HSV or VZV-intrinsic neuropathy
- immunologic dysfunction
- Facial Trauma
- Cancer on route of VII
- Idiopathic: Bell's palsy, Melkerson-Rosentha syndrome
- Sarcoidosis others.

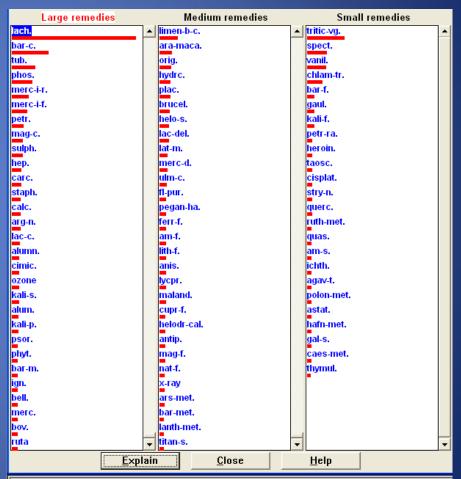


# Case 2. Man age 50y, W:88kg/H:185 divorsed

- 2-6-2006: Peritonsillar abscess (PTA) L-sided.
- 23-7-09: Hospitalized with PTA treated with
- Amoxicillin/Clavulanate (Augmentin) and surgically
- drained twice.
- 29-7-09: Presented with recurrent PTA L-sided.

## Symptoms recording & analysis.



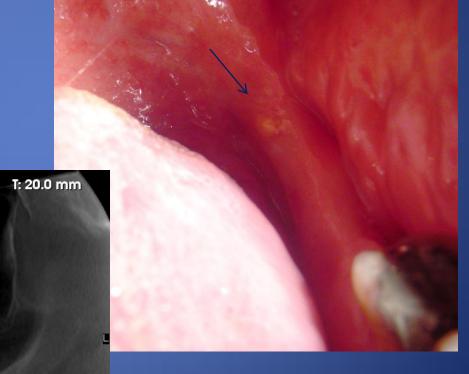


### Prescription log

- 29-7-09 Lachesis 200CH
- 30-7-09 Lachesis 1M
- 18-9-09 Root canal treatment complication
- 23-9-09 Medorrhinum 200CH
- 27-1-10 presented with shore throat and inflammation of left tonsil. Treated with Mercury iodatus ruber 30CH x4

## follow up 1-6-2010:

Clinical notes: restorations at 37, 36, 27 & 17 should be reevaluated.



## Nov 2010, Emergency appointment - Reevaluating the case

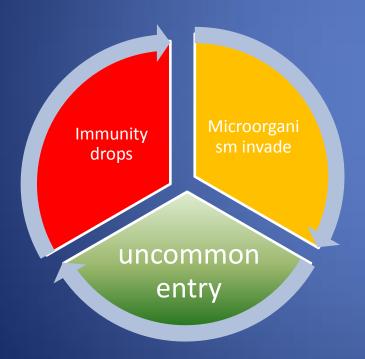
## Common microbial pathways:

- Dental root Decayed tooth
- Periapical inflammation & cysts
- Pathological Periodontal pocket

- The patient responds well to the remedy
- Remains asymptomatic from 3-6 months but
- The same pathology reoccurs with less intensity
- was hard to identify the remedyunclear picture with no other clinical symptoms!
- Dental radiography scan revealed periapical inflammation in both maxilla and mandible.
- Lachesis 30CH as acute prescription and referral to his personal dentist.

### Less common:

- Tongue & mucosa minor injuries
- Salivary ducts (Parotid-Stensen's duct & submandibular-Wharton's ducts)
- Posterior teeth periodontal tissue & oral mucosa.





Case 3. Patient 56yrs old, 30yrs on psychiatric medication: Alprazolam (Xanax), sertraline (Zoloft), clomipramine (Anafranil), zolpidem (Stilnox)

### Pathology: Recurrent R-sided Parotid Inflammation.

- 20/12/2007 painful swelling with burning of R-parotid gland. Amoxil & Flagyl prescribed for 2 weeks.
- 8/1/2008 relapse with painful swelling of the medial pterygoid muscle with restriction of opening the mouth.
   Mercurius solubilis 30CH x5.
- 3/2/2009 relapse of Sxs.
   Mercurius solubilis 30CH 5x.
- 9/3/2009 swelling of R-parotid gland with metallic taste and pressing pain.
   Mercurius solubilis 200CH x1.
- 15/5/2009 partial relapse.
   Mercurius solubilis 30CH x1.
- 22/7/2009 smarting and pain of R-parotid with increased perspiration, > rest, smarting pain & incomplete urination.
   Mercurius corrosivus. 30CH x3.

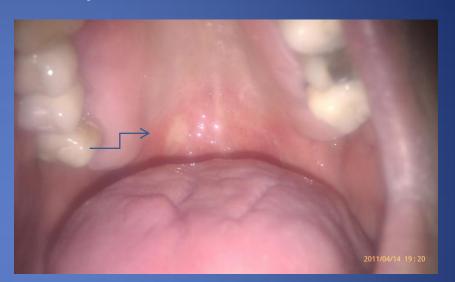
- 8/9/2009 condition stable.
   No Rx prescribed.
- 3/10/2009 partial relapse. Mercurius solubilis 30CH x1.
- 23/6/2010 partial relapse.

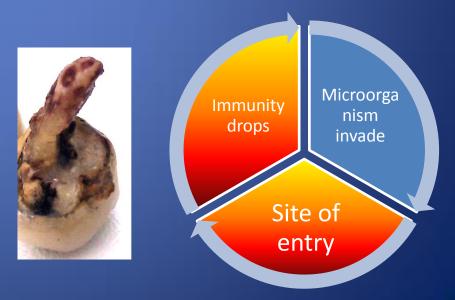
  Mercurius corrosivus. 30CH x5.
- X-ray 6/2/2010.



## Case 4.Male 80 Y, H:181cm, W:98kg proceeded for tooth mobility maxilla

- Persistent laryngitis with loss of voice for a week. Lesion in canine 13 (X-ray).
- Clinical: Mobility of tooth 17 class2+
- Bad breath++, salivation++, fatigued+
- Speculation after Clinical exam: longitudinal cracked root at 17 tooth.
- **Treatment**: extraction
- 1-4-2011 Mercurius solubilis 30CH x5 improved symptoms





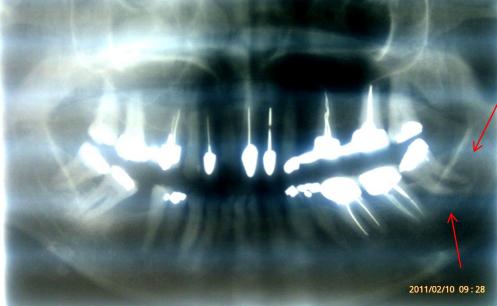
Case 5.Female70 Y, H:170cm, W:67kg presented with sore throat the day after the first appointment for root canal treatment (37) on 18/9/2010.



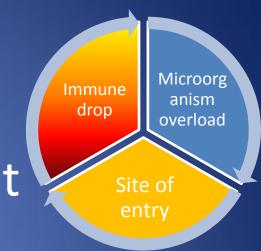


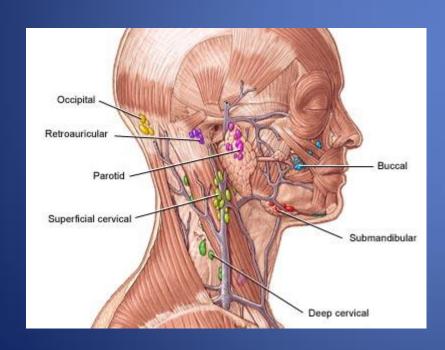






Symptoms: Painful left cervical gland ++
swallowing painful++ Fatigue++
Reduced mouth opening+ tooth 38 vital
Clinical dilemma:
Homeopathy V Dental treatment





- Clinical evaluation 2008-2010!
- R: Lachesis 30 CH followed by 200ch
- Patient claims that irritation began by temporary filing at tooth No 38.

The **Focal infection theory** was prominent in the medical literature during the **early 1900s** and curtailed the progress of endodontics. This theory proposed **that microorganisms, or their toxins,** arising from a focus of circumscribed infection within a tissue could **disseminate systemically**, resulting in the initiation or exacerbation of systemic illness or the damage of a distant tissue site. For example, during the focal infection era rheumatoid arthritis (RA) was identified as having a close relationship with dental health. The theory was eventually discredited because there was only **anecdotal evidence** to support its claims and few scientifically controlled studies. <sup>18,10</sup>

- Some current research suggests :
- a possible relationship between dental health and cardiovascular disease and published case reports have cited dental sources as causes for several systemic illnesses<sup>10</sup>
- chronic suppurative otitis depends on the presence of concomitant dentoalveolar abscess and carious lesions<sup>11</sup>
- pathology of cases with rheumatoid arthritis aggravates in presence of periapical inflammation<sup>12,13,14</sup>
- Periapical inflammation triggers immunity<sup>16</sup>
- Significant distress Homeopathy treatment.

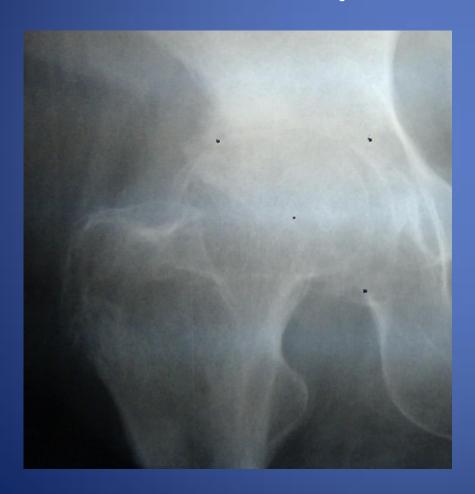


#### Case 6

2009 on radiology exam two asymptomatic lesions were found and not treated, but symptoms appear on the right hip.

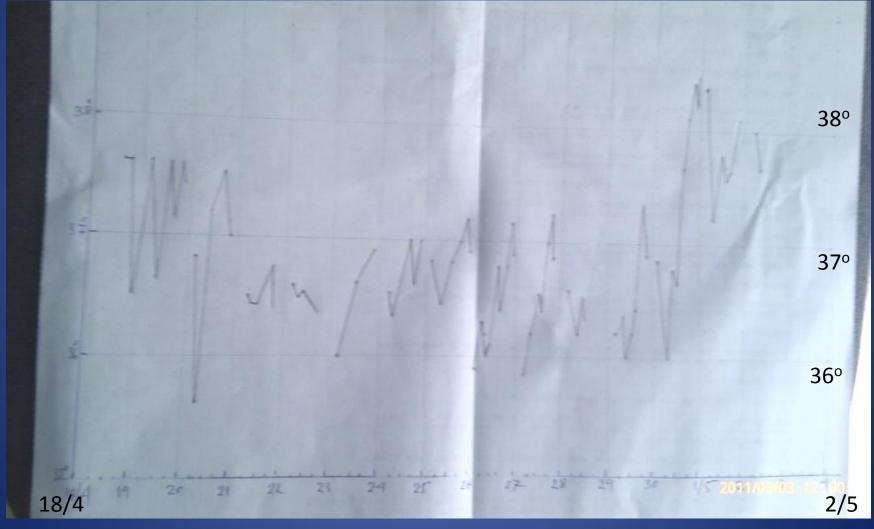


# 4-2011 right hip joint replacement operation





Antibiotic treatment after operation (18/4/11-2/5/11) and afterwards patient's temperature fell below 37° C (2/5 till 12/5)

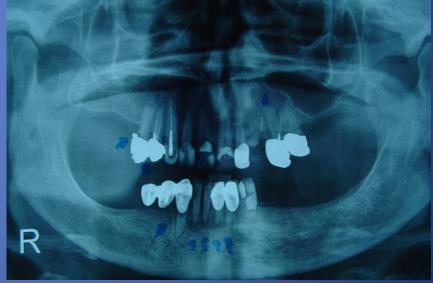


First observed in patients with R.A. where symptoms are aggravating in presence of periapical inflammation (Cases 7,8)

Diagnosed arthritis 2000 treated homeopathy at 2001(Ars-alb,Sulf, nat-sulf,sulf.) successfully-dental problems aggravated pathology 2007& 2010-(CT panor.).

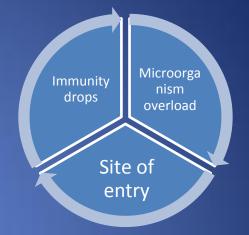


arthritis at 2004 right knee, left knee at 2005, Homeopathic at 2006 (Pulsatilla,kalicarbonicum) successfully-dental problems aggravated pathology 2009. Osteoarthritis



### Summary

- A. **Dental history** should be taken
- B. Full Homeopathic History (from birth till present)
- C. Clinical evaluation of the case to establish the <u>factors</u>:
- D. Symptoms analysis in their totality
- E. The use of computer software is important
- F. Prescription followed with follow up after one month



### Homeopathy:

- In acute states prescribing the similinum in low Potency is more suitable, followed by the appropriate potency.
- Multiple remedies for symptomatic prescribing complicate the case & ...
- Recurrence of pathology point out to a diagnostic gap.

### References

- 1) Oral pathology Regezi&Sciubba
- 2)Neurology-Νευρολογία Παπαγεωργίου Ε.
- 2η Έκδοση Αθήνα 1997
- 3) Portraits of Homeopathic Medicines Catherine R. Coulter
- 4) Oral Diseases & Homeopathy Dr Shiv Dua
- 5) BERGAMINI L. Manuale di Neurologia. Clinica. Liberia Cortina eds. Torino 1983
- 6) Textbook of dental homeopathy Dr Collin B. Lessell
- 7) 3 Case report (EADMFR 4-6-2010).
- 8) Grants atlas of anatomy Anne M.R. Agur 1991.
- 9) Radar International Academy of CLASSICAL HOMEOPATHY
- 10) Int Endod J. 2000 Jan;33(1):1-18. Root canal treatment and general health: a review of the literature. Murray CA, Saunders WP. University of Glasgow Dental School, Glasgow, UK
- 11) <u>Vestn Otorinolaringol.</u> 2009;(3):14-5. **Influence of dentoalveolar pathology on the efficiency of conservative treatment of chronic suppurative otitis** Frolov VM.
- 12) <u>Chirurgie.</u> 1977;103(9):815 **Arthritis of the knee** due to dental origin

- 13) Nouv Presse Med. 1975 Oct 4;4(32):2338.
- Arthritis of the knee healed after dental avulsion Morer G
- 14) <u>Scand J Rheumatol.</u> 1975;4(4):177-85. **IgG** rheumatoid factor in dental periapical lesions of patients with rheumatoid disease. <u>Malmström M, Natvig JB</u>
- 15) <u>Infect Immun.</u> 2001 Feb;69(2):744-50. **Interleukin-6 deficiency increases inflammatory bone destruction.** <u>Balto K, Sasaki H, Stashenko P.</u> Department of Cytokine Biology, Forsyth Institute, Boston, Massachusetts 02115, USA.
- 16) Immunology Eli Benjamini& Sidney Leskowitz Wiley-Liss Pbl.1994
- 17) Marvin B. Harper, MDAdvanced Pediatric Emergency Medicine Assembly April 14 16, 2009 Boston, Massachusetts
- 18) <u>J Endod.</u> 2007 Jul;33(7):773-81. Epub 2007 Feb **Update on the adaptive immune responses of the dental pulp.**Hahn CL, Liewehr FR 19) Oral maxillofacial surgery-Γναθοχειρουργική στόματος, Martis Athens Univ.

## THANK U

