# Periodontal cases-Role of Nutrition & Systemic Homeopathy

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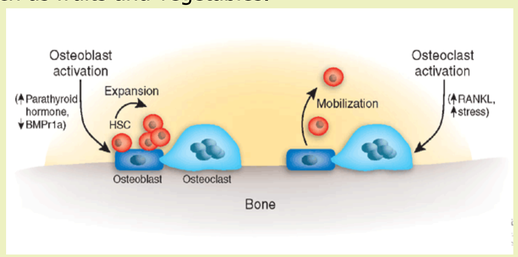
Periodontal disease, a major dental disorder of the twenty-first century, was also known in antiquity. Evidence of chronic periodontal disease has been described in a 3 million year old hominid, acute gingivitis/periodontitis was recorded in the army of the Greek General Xenophon in 400 BC. **Cause** of periodontal disease today in clinical practice is considered to be due to bacterial irritation brought about by the accumulation of plaque at the dentogingival junction.[1] Additionally, local and systemic factors are known to influence the progress of the disease [2,3]

The **Aim** of this study is to investigate the role of **nutrition** into conservative Dentistry under classical homeopathy principles treatment both in Periodontal cases & healthy individuals.

Severe periodontal (gum) disease, which may result in tooth loss, is found in 15–20% of middle-aged (35-44 years) adults. **Risk factors** for oral diseases include **an unhealthy diet, tobacco** use, harmful **alcohol** use and poor oral hygiene, and social determinants[4].

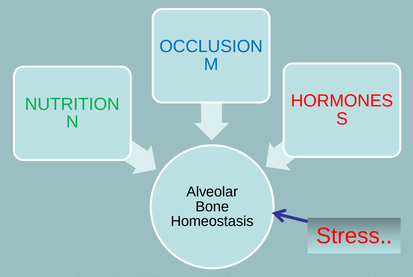
Smoking and types 1 and 2 diabetes are well-established risk factors for periodontal disease. Risk factor is one that has been associated with increased rate of a subsequently occurring disease **but do not necessarily cause the disease.**

**Vegetarian** and **vegan diets** contain low amounts of protein and calcium. For this reason they are supposed to cause low bone mineral density (BMD) and osteoporosis (Vegan). Nutritional acid load is negatively correlated with **bone mineral density** (BMD) and positively with fracture risk. **Low acid load** is correlated with lower bone resorption and higher BMD, it is linked to high intake of potassium-rich nutrients, such as fruits and vegetables.[10]




Homeopathy evaluates the mental, emotional and physical together with inheritance factor. The symptoms are not the disease it self, but uprising values that are explained as outcomes of the internal constitutional disturbance of the system. **Each case** was individually screened for **N**utritional, **M**echanical and **S**ystemic deviations with potential to accelerate/cause bone absorption.

Patients were briefed upon the impact of their expose to factors in bone homeostasis, thus achieving a more positive attitude towards treatment, assisted with homeopathy.

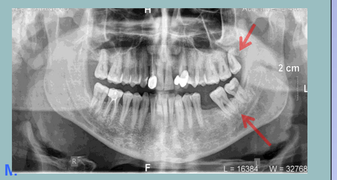



**Case1** Male 45Y,75Kg,176cm (horizontal bone loss

**Case 1 Periodontitis &tooth ache**
***Dental history*** : 05-1-2015 pain left lower side (Referred)
**15-2-2015** tooth Mobility(1+) lower left molars.
2016 Follow-up with M.D.

**Nutrient habits**: alcohol and smoking (moderate) **N**
**Treatment : Hep.sulp 200ch singe dose Jan.2015 .**
**Extraction of upper III decayed molar**
**Feb 2015 R: Phosp. 200ch/4,1M // Nutr. Supl: Selenium,Vit-E, Vit-C &** Pistacia Lentiscus[13,14] till present

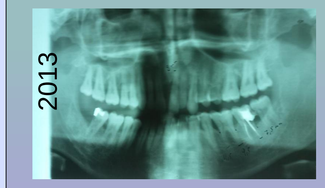
***Recent Data of Cure and Disease in PD:*** In recent years, it has become apparent that the pathogenesis of periodontal diseases is far more complex than the presence of virulent microorganisms. In fact, it is now widely accepted that susceptibility to periodontitis varies greatly between individuals who harbor the same, pathogenic microflora.[11]



**Feb 15, 2015 Analysis** **Case 1**
TEETH PAIN, toothache molars Left 3
TEETH PAIN, toothache left 3
**TEETH GRINDING** sleep, during 2
GENERALITIES HYPERTENSION 2 **S**
MIND ANXIETY future,about 2
MIND SENSITIVE, oversensitive reprimands,to 2
SLEEP UNREFRESHING Morning 2 **MIND ANXIETY 3**
RECTUM ITCHING Night 2 GENERALITIES FOOD and DRINKS sweets Aversion 1 // soup Desire 1 // meat desire 1
MIND INDIFFERENCE, apathy, etc. 3 MIND INDOLENCE Aversion to work 2
GENITALIA MALE ERECTIONS Incomplete 2 **S**

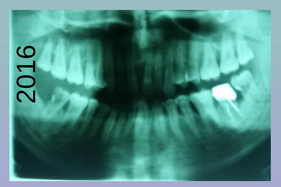
**Case 2 Male 49Y, H:180/85kg Periodontitis** ***Dental history*** :
08-11-2012 Route canal 37 **15-2-2013** P.D. evaluation / tooth Mobility (scale 1+) lower molars, left incisor 12-2013 Follow-up . 2014 Nutritional support ( dismissal of Refined sugars smoking & alcohol) till today

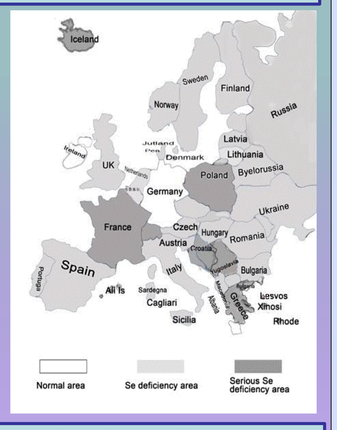
**Case 2 Notes: Case highly motivated to preserve natural teeth, consumed >200mg/day of selenium, pistacia l. daily,(multivitamin supplement) // It is likely that Se, at least at high doses, can prevent bone resorption[9]**





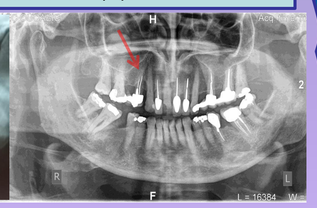





Case 3 Rheumatoid Arthritis **Case 4 Female 75Y, 63kgr/170cm**
**married**Female 62Y, 58Kg/172 cm **married 50μgr Se/day**
3&4 **n**ot recorded deviations for **M**,**N**,**S**



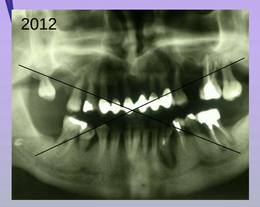


**Case 5 Female 44Y, 58Kg/164 cm Alcohol & Smoking moderate**
Social Factor-Not connected Nutritional Non assisted**..Outcome edentulous 2016/ 47Y // Case 6 Fem 67Y N,S+ caffeine**











**Discussion** : Nutrition is a potentially modifiable risk factor that could drive or abrogate the underlying oxidative stress in periodontitis[8]. There have been suggestions in literature for nutritional supplements in advance to dental treatment for cases with gingivitis and P.D. Such as Vit-A,C,E,D, folic-acid ,Coenzyme Q10, Zinc, Mg ,Selenium.[6,16] . Clinical observations together with recent scientific studies, placed together in each case encourage food supplements in such cases. Se status is positively associated with BMD in healthy aging men, independent of thyroid function.[5] , even thought research in this area is still in its infancy**.**

**It is likely that Se** at least at **high doses, can prevent** bone resorption through **the inactivation of osteoclasts[9].** Consistent with this observation, a recent study demonstrated that Se status was inversely related to bone turnover and positively correlated with BMD in healthy euthyroid postmenopausal women independent of thyroid status[5,9] as well it Is positively associated with **BMD** Bone Mineral Density in Healthy Aging European Men[5] .

Selenium and vitamin E act synergistically as antioxidants.

**Summary**: P.D is of multifactorial cause with delayed response to the harmful stimuli. The clinical outcome of a persons exposure to variable harmful factors (modifiable or non-modifiable) depends on both the intensity & duration of such stimuli, however the overall health status & immunity will **mediate response** which is translated from a clinical point of view, *as recession of alveolar bone or not*. "Successful" treatment will follow a similar manner, requires patient engagement, data related to each case has to be comprehensible to the patient as possible , diet adjustments simple to adapt daily. Future understanding of the biological mechanisms that control the immunopathogenesis of the remodeling and resorptive processes will clarify not only the local control of bone cell function but also the pathophysiology of accelerated bone loss, as seen in periodontal disease an other immune inflammatory diseases of bone such as osteoporosis and rheumatoid arthritis.

**Conclusion:** The identification of inflammatory periodontal disease, education in local and systemic risk factors and their management mutually with the words of Hippocrates forms the foundation of the treatment of this disease.

**"Let food be thy medicine and medicine be thy food."**

## References

1. R. J. Forshaw1 Dental health and disease in ancient Egypt British Dental Journal 206,421-424 (2009)
2. Clarke N G, Carey S E, Srikandi W, Hirsh R S, Leppard P I.Periodontal disease in ancient populations. Am J Phys Anthropol 1986; 71: 173–183.
3. Clarke N G. Periodontal defects of pulpal origin:Evidence of early man. Am J Phys Anthropol 1990; 82: 371–376.
4. WHO Oral health Fact Key facts sheet N°318 April 2012
5. Beukhof CM1, Medici M1, Selenium Status Is Positively Associated with Bone Mineral Density in Healthy Aging European Men. PLoS One. 2016 Apr 7;11(4):e0152748. doi: 10.1371
6. Collin B Lessell Textebook of Dental Homeopathy
7. Stefan A. Hienz, Sweta Paliwal, and Saso Ivanovski Mechanisms of Bone Resorption in Periodontitis Journal of Immunology Research Volume 2015, Article ID 615486
8. Raindi D Nutrition and Periodontal Disease. Dent Update. 2016 Jan-Feb;43(1):66-8, 71-2.
9.Huawei Zeng *, Jay J. Cao and Gerald F. Combs Jr. Selenium in Bone Health: Roles in Antioxidant Protection and Cell Proliferation Nutrients 2013, 5, 97-110
10. Burckhardt P. The role of low acid load in vegetarian diet on bone health: a narrative review Swiss Med Wkly. 2016 Feb 22;146:w14277
11.Thomas E. Van Dyke . Risk Factors for PeriodontitisJ Int Acad Periodontol. 2005 Jan; 7(1): 3
12.Hamasaki T Periodontal disease and percentage of calories from fat using national data. J Periodontal Res. 2016 Mar 29..
13. Wang J Alcohol consumption and risk of periodontitis: a meta-analysis. J Clin Periodontol. 2016
14.Biria M Effects of Three Mastic Gums on the Number of Mutans Streptococci, Lactobacilli and PH of the Saliva. J Dent (Tehran). 2014 Nov;
15.Karygianni L High-level antimicrobial efficacy of representative Mediterranean natural plant extracts against oral microorganisms. Biomed Res Int. 2014
16.Hosokawa Y Calcitriol Suppressed Inflammatory Reactions in IL-1β-Stimulated Human Periodontal Ligament Cells. Inflammation. 2015 Dec;3 Volume 38, Issue 6 pp 2252–2258