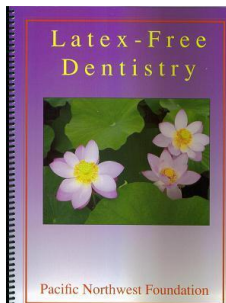


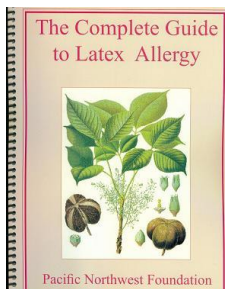
PACIFIC NORTHWEST FOUNDATION



[Latex Allergy Resource Guide](#)



[Latex-Free Dentistry](#)



[Complete Guide to Latex Allergy](#)



[Latex-Free First Aid Kit](#)

NONPROTOCOL MEDICINE and DENTISTRY The Physician-Dentist Team

SUBJECTS COVERED:

- Traditional Medicine/Dentistry
- Holistic Medicine/Dentistry
- What it entails
- Historical Overview
- Circulatory Interrelationships
- Electrical Energetic Interrelationships
- Nervous System Interrelationships
- Structure-Function Interrelationships
- Mental-Emotional Interrelationships
- Environmental Detoxification Interrelationships
- Summary
- References

BACKGROUND: a “new” concept of an old relationship, as Dr.’s Ann McCombs and [LaVar Riniker](#) state in their article below. If you wish to contact him via e-mail, click your mouse on his name and send your message.

PROCESS: an approach that individualizes diagnostic as well as treatment sequences.

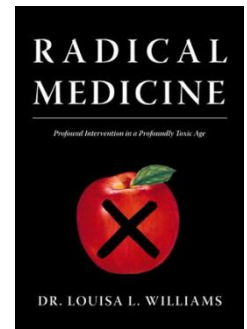
Traditional Medicine/Dentistry entails:

Symptomatic treatment

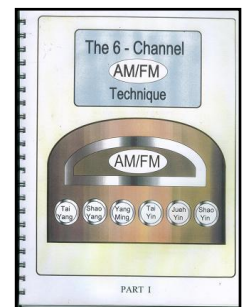
X-ray, technical, laboratory diagnosis, prescription, surgery

Holistic Medicine/Dentistry entails:

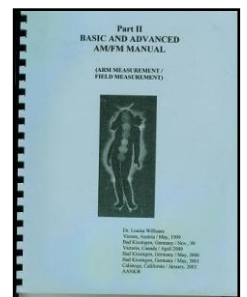
Substituting non-pharmaceutical substances (such as [SANUM-Kehlbeck remedies](#)) to treat symptoms, functional lab tests to evaluate symptoms, dental splints to relieve pain, removal of [amalgam](#) fillings with minimal [detoxification](#). Treatment includes traditional



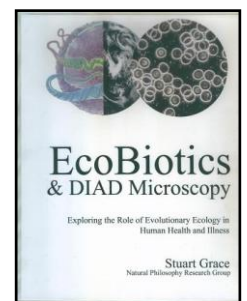
[Radical Medicine](#)



[The 6-Channel AM/FM Technique](#)



[Basic and Advanced AM/FM Manual](#)



[EcoBiotics](#)

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medicine/dentistry, plus:

Temporal-mandibular dysfunction, amalgam removal, nutrition, [herbal](#), [N.A.E.T.](#), hands-on treatment ([D.O.](#), [D.C.](#), [Rolfing](#), [Hellerwork](#), [Aston Patterning](#), [Alexander Technique](#), etc.)

Circulatory interrelationships: Blood/[Lymph](#)/Cranial Spinal Fluid (whole body physiology of nutrient utilization and drainage of waste products)

Electrical energetic interrelationships: [acupuncture meridians](#) also run through the teeth

Nervous system interrelationships: the [Central Nervous System/Autonomic Nervous System/ Proprioception](#) connection

Structure-function interrelationships: the [facial-cranial connection](#)

Non-Protocol Medicine/Dentistry entails: an approach of individualized priorities and sequence. Treatment methods include all of traditional and [holistic](#), plus:

[Neural therapy](#)

Root canal extractions and cavitation surgery

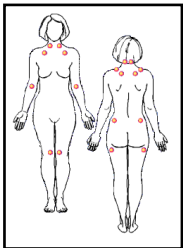
[Detoxification](#) (oral, I.V., I.M., segmental, [lymphatic drainage](#), massage, Gua Sha, [colon hydrotherapy](#), etc.)

Mental-emotional: [medical intuitive](#) readings, [psychotherapy](#), [energy medicine](#), [psychoneuroimmunology](#), [Psycho-Kinesiology](#), Body Memory Therapy, hands-on healing

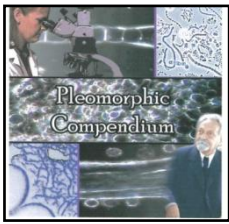
This article was originally written for the [AHMA](#) Journal, which is no longer on line. It was written in 1997 by Dr.'s Ann McCombs and [LaVar Riniker](#), retired, and is reprinted and edited for the purposes of this site with their permission. While Dr. Riniker retired in 1998, the perspective conveyed is still most relevant.



[Chelita: A Cancer Survivor' Story](#)



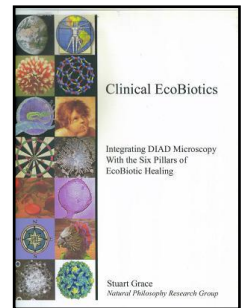
[Overcoming Fibromyalgia](#)



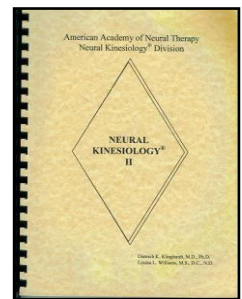
[Pleomorphic Compendium](#)



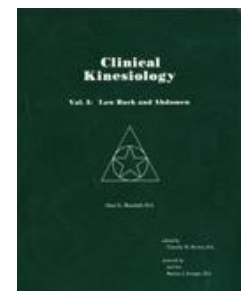
[T-shirt](#)



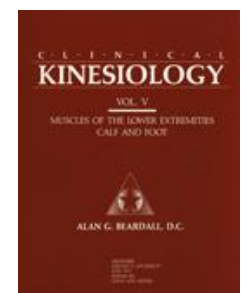
[Clinical EcoBiotics](#)



[Neural Kinesiology \(aka A.R.T\)](#)



[Muscles of the Lower Back & Abdomen](#)



[Muscles of the Lower Extremities](#)

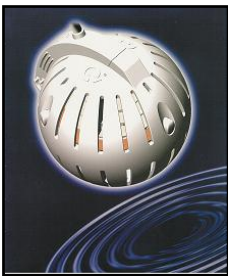
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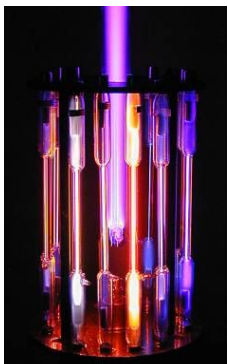
[Coffee: To Drink, or Not to Drink?](#)



[Genetically Engineered Food](#)



[Q2 B.E.F.E.](#)



[Multiwave Oscillator](#)

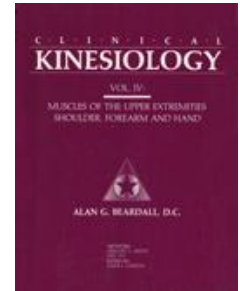
The Physician-Dentist Team: Optimal Health for the 21st Century

Historical Overview

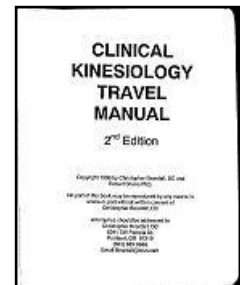
As we explore a “new” relationship between medicine and dentistry, we are obviously saying “new” in jest, as medicine and dentistry had concomitant origins. The first physicians were no doubt the first dentists, as they treated the whole body, which included extracting teeth when necessary. Although the early tools for doing so were crude (sometimes even a key was used for this purpose), soon after an early version of forceps was developed and used just for tooth extraction.

Much of the early American medical practices arose from European roots, with a heavy influence from Germany, England and France. Medical schools were started in the U.S., with the early ones being [Harvard](#), [Johns Hopkins](#) and [Yale](#). In many instances, these early schools were not official medical schools; but, following the apprenticeship approach. They were the early training grounds for physicians in the U.S. A lot of medical information continued to come from Europe, mostly because Europe was from whence our ancestors came. Also, in studying the world history of medicine and dentistry, there are no clear periods of time where one person (primarily a man, at that time) was trained as a dentist and another as a physician until approximately 1840 in the U.S. when Baltimore College of Dentistry (BCD) became the first official dental school in the U.S. In all likelihood, BCD was the first dental school in the world, even though the previously mentioned medical schools did offer some training in dentistry. Therefore, quite literally, one could say that dentistry became the first official, full-time specialty of American medical practice, even though medicine was not inclined, in those days, to have specializations of any sort.

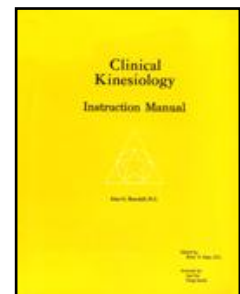
Thus, before 1840, dentists were often M.D.'s., or they used the title, whether they had earned it or not. These early dentists, no doubt, began practicing at various levels of skill and, after the official dental training began in Baltimore in 1840, it has been documented that some



[Clinical Kinesiology: Muscles of the Upper Extremities](#)



[Clinical Kinesiology Travel Manual](#)



[Clinical Kinesiology Instruction Manual](#)

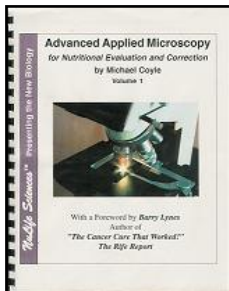


[Clinical Kinesiology TMJ & Hyoid Muscles](#)

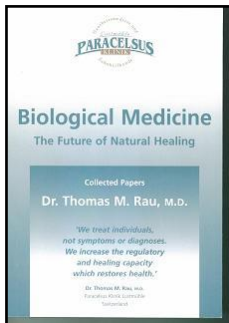
PACIFIC NORTHWEST FOUNDATION



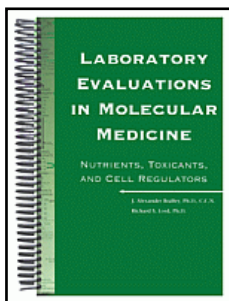
[My AminoPlex](#)



[Advanced Applied Microscopy](#)



[Biological Medicine](#)



[Laboratory Evaluations in Molecular Medicine](#)

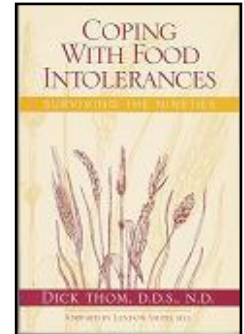
have become most recently available in the U.S. via such world-class instructors as [Dietrich Klinghardt](#), MD, Ph.D.

Thus, one can easily see that the “new” relationship between medicine and dentistry in the U.S. today really had its roots in Germany, where physicians literally became the first dentists, therefore making dentistry the first medical specialty. Many of us now find ourselves going back to Germany to appreciate how valuable the interrelationship of medicine and dentistry must have been then, and still is, in some parts of Europe; soon, we trust, this will also be the case in all of North America. By working directly together as one of the few physician-dentist teams we know, we are finding it more and more difficult to separate these two fields of expertise, especially when the intention is to treat the whole body effectively.

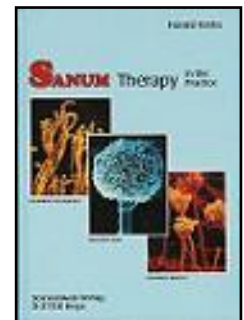
With the Americanization of medicine (allopathy), a tremendous separation between medicine and dentistry was created. It is our goal to bring these two practice arenas back together and recognize that they can no longer be separated in today’s healthcare environment, especially given that approximately 80% of many chronic disease states today are directly or indirectly caused by dental interventions (amalgam fillings, root canals, surgical extractions left to heal by secondary intention, electro-galvanism, orthodontic treatment that leaves the bite in a poor occlusal relationship relative to the whole body, etc.). Individual physicians or dentists can diagnose these causes; however, in our experience, it takes a physician and dentist working directly together to provide the necessary support for patients to even have an opportunity to heal from a state of chronic disease.

Circulatory Interrelationships

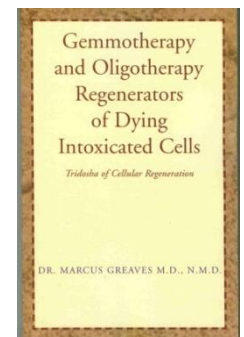
The answer to much of what lies at the root of many chronic diseases is impaired circulatory (including lymphatic drainage) flow. Because human beings are primarily made up of water (70% in the soma and up to 90% in the brain), fluid dynamics and circulatory flow are



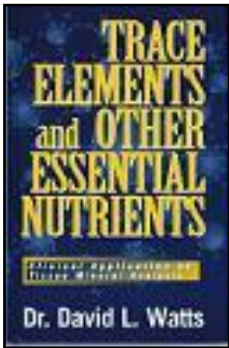
[Coping with Food Intolerances](#)



[Sanum Therapy](#)



[Gemmotherapy and Oligotherapy Regenerators of Dying Intoxicated Cells](#)



[Trace Elements and
Other Essential
Nutrients](#)

important concepts to understand and appreciate, medically and dentally. Biochemical processes occur primarily via the principle of diffusion, where fluids flow from areas of higher concentration to areas of lower concentration. As long as nutrients are flowing toward the cell and waste products are flowing away from the cell (toward any of the four elimination pathways - colon, skin, kidneys and lungs - of the body), the circulatory and [lymphatic systems](#) flow very well. However, if the biochemical “check and balance” system is “off” in any way, diffusion can sometimes be reversed, where nutrients may never make it to the cell (and may, in fact, be eliminated, in whole or in part) and waste products and toxins may be absorbed into the cell instead of eliminated.

Such biochemical imbalances, unless life threatening (e.g. a severe acid-base imbalance) may go undetected for years before manifesting as an acute or chronic symptom or illness. Examples in medicine are plaque in blood vessels; chronic fatigue and malaise, often resulting from the buildup of environmental toxins (xenobiotics) in certain cells; or basic biochemical imbalances of the 12 [cell salts](#), causing a multi-system complexity of symptoms, even cancer. Examples in dentistry include [jawbone osteitis](#) (also called [N.I.C.O. or neuralgia-inducing cavitational osteitis](#)), dental abscesses, [electrogalvanism](#) (where two different metals in one’s mouth, when combined with saliva, act like a “mouth battery,” producing disturbances in the body’s electromagnetic field) and [periodontal disease](#).

Electrical Energetic Interrelationships

The understanding and utilization of [acupuncture](#) as both a diagnostic and treatment modality goes back approximately 6,000 years to Chinese medicine. The Japanese also have their own variation. Not until a German physician (Dr. Voll) actually traced these electrical pathways ([acupuncture meridians](#)) and proved their existence, however, did western medicine finally begin to use them and see their value. As a result of Dr. Voll’s research, the Germans began to use these pathways with electronic devices (called [E.A.V.](#) or



[PharmFacts for Nurses](#)



electroacupuncture-according-to-Voll machines, also known as EDS or electro-dermal screening apparatuses) to measure the energy flowing through the [meridians](#).

These measurements can be used both as a diagnostic tool (to determine if there is too much, too little, or just the right amount of energy flowing through the body at these points) and also as a treatment tool (to find what electromagnetic frequencies “resonate” with these measurements, in order to bring the body’s electrical energy system back into balance).

There are many different charts currently available that illustrate how the [acupuncture meridians](#) run through the teeth. Consistent with all of these charts, is the fact that the body’s energy flows from top to bottom, from the fingertips through the body (including the mouth), down to the ends of the toes. The access points for these meridians are often on the fingers and/or toes, but can also be found in the mouth, on the teeth. Thus, the body’s energy flow, to some degree, can be monitored from any of these readily accessible sources or reference points.

If we utilize the teeth as a way of measuring this energy flow through the body, it can be shown that individual teeth literally correlate to all of the body’s organs and tissues. To illustrate: it can be shown that the four wisdom teeth are all on the [small intestine meridian](#); the [stomach meridian](#) encompasses the four upper molars that are not wisdom teeth and the four lower bicuspid; the [large intestine meridian](#) passes through the four lower molars, then the four upper bicuspid; the combination of the [gallbladder and liver meridians](#) traverses all four of the cuspid.

The [bladder](#) and [kidney meridians](#) run predominantly through the lower and upper anterior teeth. These electrical pathways help to localize all the major problems that occur in the mouth, whether the problem has to do with too much electrical energy or too little, which maybe secondary to too much infection (e.g. from dead teeth with root canals or osteocavitations from



poorly-healed tooth extraction sites) or too much toxin from heavy metals and/or solvents, as well as stresses from poor [occlusion](#). All of these factors also affect the whole body via these energy [meridians](#), and they are sometimes diagnostic, in that a sensitive tooth may literally be telling us there is something wrong with a particular organ system. In addition, we have found that it is important to evaluate these electrical “clues” in both directions; meaning that the teeth themselves can affect anything on the meridian and anything else on the meridian can affect the corresponding teeth.

Nervous System Interrelationships

How to read the above-mentioned electrical signals accurately is truly an art. It is best explained as being a communication from the body’s own major communication systems, the [central](#) and [autonomic nervous systems](#). (A detailed explanation of how this intricate communication system works, as well as how to extract information from it, has been presented in a separate article, published in Holistic Medicine-Winter, 1996- entitled Neural Kinesiology). In addition, because 70% of the human body functions on proprioception (neurological sensors that tell us where our bodies are in space), the body’s structure-function relationships are also an important source of communication about its internal state of affairs.

Structure-Function Interrelationships

Structure-function relationships are some of the most fascinating relationships in the body. Most of us remember the song: “the hip bone’s connected to the thigh bone, the thigh bone’s connected to the knee bone,” etc. The lyrics of this popular song are quite literally true, primarily made possible because of the body tissue called fascia or connective tissue.

The fascia literally surrounds every muscle, organ and bone and plays a major part in the ability of every human being to walk on two legs instead of four and to maintain upright posture in gravity. The body’s electrical energy flows via its nerves through the fascia, and the



body's proprioceptors function to maintain the structural integrity of the body, because body posture is incredibly important to health, a concept first recognized by osteopathic physicians (DO's).

In [osteopathic medicine](#), structural problems are considered an important aspect to rule out as a major cause of pain or chronic somatic or visceral dysfunction in any part of the body. When structure is not aligned well, there is often inadequate blood flow or ischemia to an area of the body, which can cause pain in that area. In this way, the osteopathic medical model helps us understand many of the problems and maladies of health that often surface as acute or chronic symptoms. Thus, when a pain prescription is used here, a muscle relaxant there, or a physical therapy modality, a massage treatment, etc. are utilized as therapy, we must realize the extent to which we are trying to adapt to these symptomatic, distorted bodies that we have!

As one begins to understand the interrelationships of the body structurally, it becomes very apparent that the body is not really held up by the spinal column or vertebrae. Rather, a system of guy wires, previously defined as fascia, holds the body parts together in an erect fashion, and is the key to why the posture can be upright, as well as distorted, depending upon the injuries, etc. that a given body has sustained. If we look beyond the fascia, muscles, ligaments and major bones of the body, we begin to see the interplay between the bones in the cranium and the bones in the pelvis, which is also an underlying principle of osteopathic medicine.

Today, many massage therapists, physical therapists, chiropractors, and others have been taught the basics of osteopathic [cranial-sacral therapy](#). Balancing the bones of the pelvis and the sacrum to the bones of the skull and the cervical vertebrae is very instrumental in keeping the body correctly aligned and posturally and proprioceptively free to locate itself and move efficiently and effectively in space.

Birth trauma, auto accidents, whiplash, falls, and sports injuries are major causes of structural problems.



Traumas to the cranial bones, sacrum and pelvic bones always result in problems of imbalance. When one end of the body is affected, the other end is trying to compensate, like a gyroscope.

One can never singularly treat one end of the spine successfully without treating the other end of the spine as well. All of our postural righting mechanisms are affected by the [occlusion](#) of the teeth, as they articulate through the [temporomandibular joints](#). The same teeth that sustain the energy [meridians](#) of the body's electrical system are also mechanically and structurally very key structures and must be in-tune (in balance) with the rest of the body. The interrelationships between the upper and lower teeth are instrumental in chronic head, neck and back problems. Yet another reason why dentists and physicians (especially those with hands-on, manipulative skills) need to work effectively together.

Currently in the U.S., there is no medical or dental licensure that exists which allows any one practitioner to treat individual teeth as well as the [pelvic](#) and [sacral bones](#) of the body. The Americanization of medicine separated these specialties so significantly that physicians and dentists must now work together in order to treat these problems successfully, because the structure and function of the mouth is so interrelated with the structure and function of the whole body.

Mental-Emotional Interrelationships

The mind-body connection impacts both dentistry and medicine fairly equally, primarily because of the [autonomic nervous system's](#) connection to the central nervous system's limbic (emotional) area. Often, "[body memories](#)" are stored in the body's tissues, of which the teeth play a major part, inasmuch as most people have not had the best of their childhood memories in a dental chair (nor in a doctor's office, for that matter!).

Fortunately, there are many ways to treat these memories, both short and long-term (e.g. [breathwork](#), [psychotherapy](#), [art therapy](#), [body-memory therapy](#), psycho-kinesiology, [NLP](#), [hypnosis](#), [homeopathy](#), etc.),



depending on the severity of what surfaces during treatment. One thing is for certain, however: The mind-body connections cannot be overlooked or ignored; otherwise, healing at the level of cause will not be successful, no matter how many prescriptions are written, how many surgeries are performed, how many amalgams are replaced or how much detoxification is done.

Environmental Detoxification Interrelationships

In addition to the above, it is in this arena that physicians and dentists must work most closely together. Toxic load in a body absolutely cannot be successfully or significantly reduced without a physician-dentist team approach, in our opinion.

Since toxins also play an important role in maintaining the body's distorted structure, detoxification must occur for correct structure-function relationships to exist. Dentists play a major role in this process, by removing amalgam fillings and/or toxic crown and bridge work correctly (so as not to make the patient worse, symptomatically); by extracting dead/toxic root-canal teeth (in which [formaldehyde](#) has been found by Dauderer, a world-renown toxicologist in Germany, to be a major toxic culprit); by dealing effectively with [electro-galvanism](#), if it exists in the mouth; and by treating [N.I.C.O. lesions](#) thoroughly (usually via cavitation surgery, where the osteitis is completely removed). However, good holistic dentistry is only the first step and, by itself, is not enough.

Prior to most of the above dental procedures, people need to have their [immune system](#) boosted to have these dental procedures be successful. Traditionally, the use of heavy pain killers, general anesthetics, and broad-spectrum [antibiotics](#) depresses the [immune system](#) and allows for gross swelling, thus diminishing the blood flow necessary to reestablish a healthy bony matrix to support the teeth. Patients' energy levels must also be supported metabolically throughout the dental procedures, in order to enhance their ability to heal and



to continue to function in their lives afterwards

In addition, they must be followed closely and supported emotionally as well as physically during the detoxification process, because it takes time, money and commitment. (Ask any person diagnosed with MCS - [multiple chemical sensitivities!](#)). Treating allergies can also play an important part during the detox process ([N.A.E.T.](#) has been used very successfully in our clinic for this -- see Dr. McCombs' article on N.A.E.T.-- as can [colon hydrotherapy](#) and I.V. chelation therapies (especially [DMPS](#), for those who qualify for the G.L.A.C.M.I.R.B. protocol). Lymphatic drainage techniques (especially [Lomi-Lomi](#) Hawaiian massage), herbal drainage remedies, low-level sauna therapy with skin brushing, Gua Sha (Chinese skin-scraping to eliminate stagnant accumulation of toxins in the tissue), exercise when tolerated, and dietary changes made as allergies are eliminated are all part of the detoxification process in our facility.

Testing for compatible dental replacement materials, as well as assessing the correct timing for when to place the permanent dental materials, is also of paramount importance in the process of successful detoxification.

Summary

We have been working together as a physician-dentist team for over five years. Our work together gets more exciting by the moment, despite the political and financial challenges in holistic medicine and dentistry at this time. However, we believe that, within 5-10 years, our approach will be the rule rather than the exception in healthcare effectiveness, in the effort to move from health as the absence of illness to wellness as optimal health. To accomplish this goal, we believe it is imperative to return to the original concept of whole body medicine, where medicine and dentistry were integrated within the same profession, before dentistry was split off as its own professional entity. To achieve this goal in today's world, physicians' and dentists' areas of expertise must be combined for a realistic, whole-body approach to be truly available for those patients



who desire the opportunity to acquire optimal health.

For more information about these and related topics can be initiated by looking at the references below.

The information contained herein has been obtained from a variety of sources. This document is presented to increase awareness of the topic and educate the general public. It is not intended to be an extensive discussion of this subject, or to provide specific treatment guidelines.

REFERENCES

- [Acupuncture](#): a good source of information
- Enby, Dr. Erik, with Gosch, Peter, and Sheehan, Michael: Hidden Killers, the Revolutionary Medical Discoveries of Professor Gunther Enderlein, Sheehan Communications, 1990
- [Gunther Enderlein](#): a brief biography and description of his research
- [Pleomorphism](#): a site focusing entirely on this issue with a large file download, if one is interested in all the details.