

# DENTISTRY AND HOMEOPATHY: AN OVERVIEW

Richard D. Fischer, D.D.S.

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### INTRODUCTION

The dental profession is becoming increasingly aware of the indivisibility of dental health and overall health. The teeth, the tongue, the gingiva, the lips, the salivary glands, etc. are all integrated with the rest of the body via the nerves, the blood and lymphatic circulations, glandular secretions, acupuncture meridians, the connecting bones and joints and by the digestive tube which extends from the mouth to the anus.

Because of the mechanical nature of most dental therapeutic procedures it may occasionally be convenient to forget that the mouth we are treating is connected to a vital, breathing, thinking, feeling human being. Yet the profound interrelationships between the mouth and the rest of the body have been recognized in the scientific literature of the West for several decades and by the Chinese for some fifty centuries.

When treating someone with an oral health problem, often the cause is found locally—such as a broken tooth due to trauma, a lost filling, or a sore spot from an ill-fitting denture. But more frequently the cause is found outside the mouth. This is particularly true of the more chronic oral maladies, such as periodontal disease, temporomandibular joint (TMJ) disorders, oral cancers, bruxism, bad breath, herpes simplex, tooth decay and, more recently, AIDS. Other common examples of this remote causation of oral pathology include the severe alveolar bone resorption from around the roots of the teeth in the diabetic patient,<sup>1</sup> and the gross proliferation of fibrous tissue of the gingiva in the epileptic patient receiving Dilantin therapy.<sup>2</sup> Even the American Dental Association now recognizes this systemic causation of periodontal disease.<sup>3</sup> The dentist is sought out for evaluation and treatment of these oral symptoms—despite the fact that these oral symptoms are merely a localized manifestation of a more systemic disturbance.

Perhaps less widely appreciated but, I maintain, more frequent in occurrence are those systemic maladies which result from oral sources—as has been elaborately described and documented by Dr. Rheinhold Voll,<sup>4</sup> and others.<sup>5, 6</sup> Typical examples include the constipation of the TMJ patient due to his impaired chewing ability, or the migraine headaches of a mercury-hypersensitive physician provoked by a mouthful of amalgam (50% Hg) fillings, or the abdominal rash of the nickel-hypersensitive woman elicited by placing a nickel crown on her tooth. In these cases, ironically, the patients traditionally must seek the treatment of a physician (rather than the dentist) because of the systemic nature of the symptoms—despite their oral origins.

Consider that only a few decades ago it was fairly common "medical" treatment for rheumatoid arthritis to extract all the patient's teeth—frequently with great success. One cannot soberly ignore the fact that what we do in our dental treatment can profoundly affect that individual's systemic health and vice versa.

Once this concept is embraced, then the role of homeopathy in dentistry is

much easier to appreciate. We will look at both acute and chronic dental prescribing, in this paper, and then explore the three basic constitutional types.

## ACUTE DENTAL PRESCRIBING

Over the years I have found that a handful of remedies can handle the majority of the acute dental emergencies with which I have been faced in my practice. These first-aid remedies can help alleviate the pain or discomfort of dental emergencies, at least temporarily, until proper dental care measures can be received. I must emphasize, however, that the remedial measures proposed herein are not intended to replace good dental care, but rather to serve as a safe and effective complement to good dental care. (The potencies mentioned below are only suggestions. These are the ones I have used in my practice. A 30C should work as well as a 30X. As in all homeopathic prescribing, the remedy selection is more important than the potency. In other words, if the case calls for *Belladonna* 30X and all you have is *Belladonna* 6C, use it!)

### Abscesses

1. *Belladonna*. Early dental abscesses, accompanied by redness and throbbing which is aggravated by the slightest touch (30X every 30–60 minutes).
2. *Hepar sulphuris calcareum*. Where the abscess is accompanied by pus formation, increased salivation, and where the gums are sore to the touch and bleed easily. Repeated doses of 6X will encourage pus discharge, while higher potencies (30X–200, two or three times daily) will help abort pus formation.
3. *Silicea*. Once pus is draining, *Silicea* 6X a few times daily will hasten the discharge.
4. *Myristica*. Where the abscess is swollen and accompanied by numbness of the area. Especially suited to the wisdom teeth. (6X)
5. *Calendula*. Dilute the tincture 1 part to 20 parts of water. Use as a gentle but effective disinfectant mouth rinse. This may be used several times daily (with any of the above remedies or by itself) or may be alternated with warm salt water rinses.

### Apprehension (anticipation of the dental visit)

1. *Gelsemium*. Fear accompanied by "weak knees," diarrhea, and drowsy behavior. 30X to be taken the night before, the morning of and ½ to 1 hour before the dental visit.
2. *Aconite*. When the fear is accompanied by great panic (sudden onset) as well as physical and emotional restlessness (e.g. much fidgeting). 30X taken as above.
3. *Coffea cruda*. 30X is helpful when the anxiety is accompanied by intolerance of noise or music.
4. *Chamomilla*. This is not for apprehension, per se, but may greatly help those individuals with lowered pain thresholds. Take three doses of 30X over several hours prior to the dental visit.

### Bleeding

Almost all post-surgical bleeding is well controlled by pressing a moist gauze pad or moist tea bag over the bleeding area. However, when this alone does not control

the bleeding:

1. *Phosphorus*. 6X to 200X every 10 to 30 minutes until the bleeding stops.
2. *Arnica*. If bleeding is accompanied by bruised soreness. 30X every 10 to 30 minutes until bleeding is controlled.

### "Dry Socket"

1. *Belladonna*. 30X every 30 to 60 minutes if accompanied by a throbbing pain.
2. *Ruta graveolens*. 6X for any surgery or other injuries to the jaw or other facial bones.
3. *Calendula*. As prepared above is a good healing rinse.

### Teething

*Chamomilla* 30X every 30–60 minutes when the teething child is whiney, restless, and wants to be held and pampered. This is a great remedy for delayed and difficult teething.

### Toothaches

1. *Belladonna*. 30X every 30 to 60 minutes when the toothache throbs and is worse from touch or motion (chewing).
2. *Magnesia phosphorica*. 30X when the toothache is worse from cold and better from warmth.
3. *Coffea cruda*. 30X when the toothache is worse from heat and relieved by holding ice in the mouth.
4. *Chamomilla*. 30X when the toothache is worse from any warmth (i.e. if any thing warm is taken in the mouth or even upon entering a warm room), but not better with cold. The pain is intolerable and makes the patient peevish.

### Dental Trauma (or Post Operative) Remedies

1. *Arnica*. 30X for injuries resulting in bruises or fractures; for sore spots from an ill-fitting denture; following the placement of a very deep filling. (Many patients find *Arnica* helpful when taken before a dental visit where discomfort is anticipated)
2. *Hypericum*. 30X where nerves have been injured—such as a broken tooth where the nerve has been exposed, and accompanied by excessive pain.
3. *Ledum*. 30X for puncture wounds, such as the soreness resulting from a dental injection.
4. *Staphysagria*. 30X for incision type wounds after soft tissue surgery—as with extractions of difficult impacted wisdom teeth or periodontal (gum) surgery.
5. *Chamomilla*. Helps expedite the wearing off of the numbness following the completion of the dental procedure. 30X every 20 to 30 minutes. Works beautifully!
6. *Magnesia phosphorica*. 30X for stiff, sore jaws following a prolonged dental visit with the mouth wide open where the muscles are cramped and feel better with warmth. If they don't feel better with warmth, try *Arnica* 30X instead.

Now that we have looked at some of the homeopathic treatments for a few of the more common acute dental problems, I would like to explore the role of homeopathy in the treatment of chronic dental or oro-facial complaints. To evaluate and treat someone for a chronic dental problem (i.e. periodontal disease, chronic TMJ disorders, bruxism, or rampant tooth decay) one must exercise the same deliberation as when treating any other chronic conditions—that is, a thorough history and examination must be done. To give adequate scope to the ongoing disease process and its various causes, one must include not only the dental manifestations, but all levels of the patient's symptoms (physical, mental, emotional, and spiritual) in the evaluation, "How can a dentist evaluate one's mental condition?" you ask. Remember, the repertories and materia medicas are written (gratefully) in plain English—not in "medicalese." One needn't be skilled in abnormal psychology to see that a patient is frightened, cheerful, or angry. One need only observe and listen!

Dentists have particular expertise in evaluating a person's oro-facial signs and symptoms (which, incidentally, comprise a very significant portion of Kent's *Repertory*), and this is the focus of our therapy. However we are sometimes criticized for "practicing medicine without a license" because through appropriate "dental" therapy the patient's "medical" condition improves. The reader will understand from the initial discussion in this paper the error of such thinking. Furthermore, homeopathic remedies (like allopathic drugs) are not organ specific. They affect the entire person. Thus, when you visit a dentist complaining of a swollen jaw and he gives penicillin for the infected wisdom tooth, doesn't your infected hangnail respond to the medicine as well? Likewise, even though it may not be our intention to witness a cure of sciatica or dyspepsia with correct dental treatment, such things do happen and, as with the infected hangnail, this obviously does not imply that we are practicing medicine. Remember, it is the individual's vital force, not the prescriber's intentions, that directs the evolution of cure, as the case below well illustrates.

Over the past twelve years a large portion of my practice has dealt with the care and treatment of people suffering from disorders of the temporomandibular joint (TM joint or jaw joint). This paired point connects the lower jaw to the skull and lies just in front of the ears. Because disorders of this joint cause such profound and diverse sequelae in the patient's overall health, they serve as a good vehicle to illustrate the indivisibility of oral and systemic health. The various signs and symptoms of TM joint disorders fully permeate one fourth of the pages of Kent's *Repertory*. They include headache, earaches, grinding and popping noises in the joint, vertigo, pains in the neck, shoulders, and back, indigestion, poor balance, unstable posture, and many others.

### CASE HISTORY

On July 25, 1983 a 20-year-old woman presented with a constant headache which had begun 22 months before. The headache was worse upon awakening in the morning and began one month after leaving home to attend college. There she

related heading a soccer ball during a game. She had not been without a headache since!

She had difficulty eating because chewing caused pains in the right temple. She also suffered from chronic constipation, insomnia, and fatigue. She appeared pale, unsmiling, and listless and she had not had her menses for seven months. Prior treatments had been of little help and included therapy by neurologists, gynecologists, a psychiatrist, an allergist, internist, nutritionists, acupuncturist, chiropractors, dentists, a cranial osteopath, and a neurolinguistic programmer. She had a history of other head injuries. She was given *Arnica* in high attenuation.

Two months later she reported no significant change in her health. She was fitted with an orthopedic appliance and put on an exercise program to help alleviate her jaw muscle tension. Within days she began to sleep better, but over the next few months the headaches were still constant, although diminished. She still had no menses, was thirstless and still constipated. She was given *Natrium muriaticum* 1M.

*Natrium muriaticum* has headaches, worse in the morning as part of the remedy picture. Also included are a great variety of menstrual complaints, constipation, difficulty sleeping, and emaciation. It is the chronic of *Ignatia*, often, as Boericke says, "having psychic causes of disease".<sup>5</sup> (i.e. leaving home).

When she returned a month later, her appearance had dramatically improved. Her face was more animated, her dress more colorful, and her voice more vibrant. She was sleeping well and her head and jaw pains had markedly lessened. Her cranial osteopath reported the first profound improvement in her cranial mechanism since he had begun treating her. Several days after the remedy was given she had her first menses in almost a year.

### THREE CONSTITUTIONAL TYPES

In taking a case of a chronic dental patient one can garner a great deal of information as to the patient's constitutional type by examining his or her oral and cranial structures. Here I must define "constitutional" in its narrowest sense, based on the theory of constitutional typing by Nebel and Vannier, also referred to by Professor Eizayaga, M.D., as the "genotypical" constitutional type. That is, the constitution is the least changeable aspect of the person's totality; it is based largely on the structure and composition of one's tissues and skeletal framework, and therefore is immutable and established long before birth.

Our skeletal and dental structures are composed of three calcium salts (or Calcarea): the carbonate, phosphate, and fluoride. Each of these salts impregnates our teeth and bones and thereby imparts to us distinctly different anatomical characteristics, different metabolic types, as well as different disease propensities. Accordingly, everyone belongs to one of these three constitutional types: *Calcarea carbonicum*, *Calcarea phosphoricum*, or *Calcarea fluorica*, depending upon which salt predominates in our makeup. Furthermore, to each of these constitutional types belong a group of remedies or "phenotypical" constitutional types (Eizayaga). While it is common to see individuals who exhibit combinations of these three constitutional types (especially frequent is the phosphoricum-fluoricum mixed type), one type will always predominate.

As we shall see, nowhere are the anatomical differences among the Calcareae more dramatically illustrated than in the dental apparatus. Thus the dentist has a unique vantage for assessing a patient's constitutional type, and therefore can gain much insight into that individual's therapeutical needs. The information I am presenting here is largely lacking in the homeopathic *Materia Medica*s and I am therefore greatly indebted to M. Tetau, M.D.,<sup>9</sup> F. Fuller Royal, M.D.,<sup>10</sup> and E. Illovič, M.D.,<sup>11</sup> for their writings which helped consolidate the constitutional pictures.<sup>12</sup> you are about to meet.

### Calcarea Carbonica

The carbonica has broad shoulders, a broad forehead and large jaws. The teeth are very white and well aligned but are slow to erupt with difficult teething. The fontanelles of his very large skull are slow to close and his head perspires easily. His tongue is dry, he does not like to talk, and his teeth cannot endure any coldness—even cold air!

The carbonica resembles the oyster shell from which the remedy is made, that is, he is resistant to change—"a victim of inertia".<sup>14</sup> Yet, while slow to begin a project, he will, once started, continually plod ahead until the job is completed. While not terribly imaginative, he is logical and is good with mathematics (many mathematicians and accountants are carbonicas).

His long bones and spine are curved, and his bones, joints, and muscles are as rigid and inflexible as his opinions. He tends to develop hypertension, hypothyroidism, obesity, and auto-intoxication due to his failure to remove toxins adequately from his body. The child exhibits delayed puberty and is frequently troubled by bedwetting. He is chubby, his complexion has a chalky tint, and he is prone to digestive complaints. The major remedies that are related to the *Calcarea Carbonica* type aid in the elimination of the body's toxins: *Sulphur*, *Hepar sulph.*, *Graphites*, *Silicea*, *Carbo. veg.*, and *Lycopodium*.

### Calcarea Phosphoricum

The phosphoricum type is mentally precocious and develops early. He is tall with long arms and legs and his back is stooped. The skull is long (front to back) and narrow, as are the jaws. The forehead is elevated and the nose strong. The teeth are oval and have a yellow cast to them. The palate is narrow with a gothic (high) vault.

He is very imaginative and artistic and does not tolerate manual labor or any regularity in his life style. Because he cannot stay with any task for very long, he seldom masters anything—despite being a perfectionist at heart.

He has long eyelashes, his hair is fine, and his skin delicate. When he perspires, he does so all over. He tends toward hyperthyroidism, palpitations, and tuberculosis.

The major remedies that are related to the phosphoricum constitutional type are *Natrum mur.*, *Ferrum*, *Kali carb.*, *Iodum*, *Arsenicum album*, *Phosphorus*, and *Stannum*.

### Calcarea Fluoricum

The fluoricum constitution is the picture of instability both mentally and physically. The bones are deformed and the muscles and ligaments are very lax, producing an "s" shaped posture. The arms hyperextend at the elbows. The dental arch and the

alignment of the teeth are irregular. The upper jaw protrudes, the feet are abnormally small and the hair is hard and brittle.

He dislikes exercise and has little physical endurance. He cannot concentrate on anything for long periods of time and seldom perspires at all. His temperament is unstable, he has little control over his reactions, and will say whatever is on his mind. All of his symptoms are worse at night but he feels better in the mountains. He tends toward arteriosclerosis, arthritis, and hypertension.

The major remedies that relate to the fluoricum constitutional type are: *Mercurius*, *Aurum metallicum*, *Argentum nitricum*, *Kali bichromicum*, *Platina*, *Nitricum acidum*, *Baryta carbonica*, and *Syphilinum*:

The following chart summarizes the characteristics of the three calcarea groups.

ANATOMICAL AND ORO-FACIAL KEYNOTES (including TMJ)

	<i>Calcarea carbonicum</i>	<i>Calcarea phosphoricum</i>	<i>Calcarea Fluoricum</i>
Skeleton	Resistant	Fragile	Irregular, exotoses
Hand	Strong & thick	Long & narrow	Small, soft & pliable
Perspiration	Localized to head & neck	All over	Very little (skin dry)
Athletic type	Good endurance (fullback)	Lacks endurance but has brilliant bursts of energy (quarterback)	Not well coordinated (team mascot)
Oro-facial	Large, broad head, open fontanelles	Elongated head, open fontanelles	Asymmetrical head
Jaws & Arches	Large elliptical	Narrow elongated elliptical	V-shaped, irregular
Vault (Palate)	Low	Gothic	Narrow & very deep
Tooth Eruption	Delayed & difficult dentition	Early but painful teething	Teeth erupt out of normal sequence
Teeth	White with broad stocky crowns. Upper incisors flat & square. Sensitive to cold	Yellow & long. Upper incisors rectangular with curved facial surfaces	Grey-white teeth. Gum-boils, sensitive to pressure & eating, looseness of teeth
Occlusion (bite)	Teeth well aligned	Often malposition in anterior teeth	Irregularly set into arches with saggital (forward or backward) malposition
TM Joint	Strong & tight	Fine & slack	Hyper-stretch

## CONCLUSION

This paper presents a brief overview of the role of homeopathy in dentistry as it relates to acute and chronic prescribing and to the three basic constitutional types. Correct homeopathic prescribing for dental maladies will frequently provoke salutary systemic effects, and this should neither threaten nor alarm us. This is simply a reflection of the natural law of cure and illustrates the fact that the dental apparatus is an indivisible component of the integrated whole person. It cannot be otherwise! And for this we should all be grateful—doctor and patient alike.

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## Recommended Reading

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