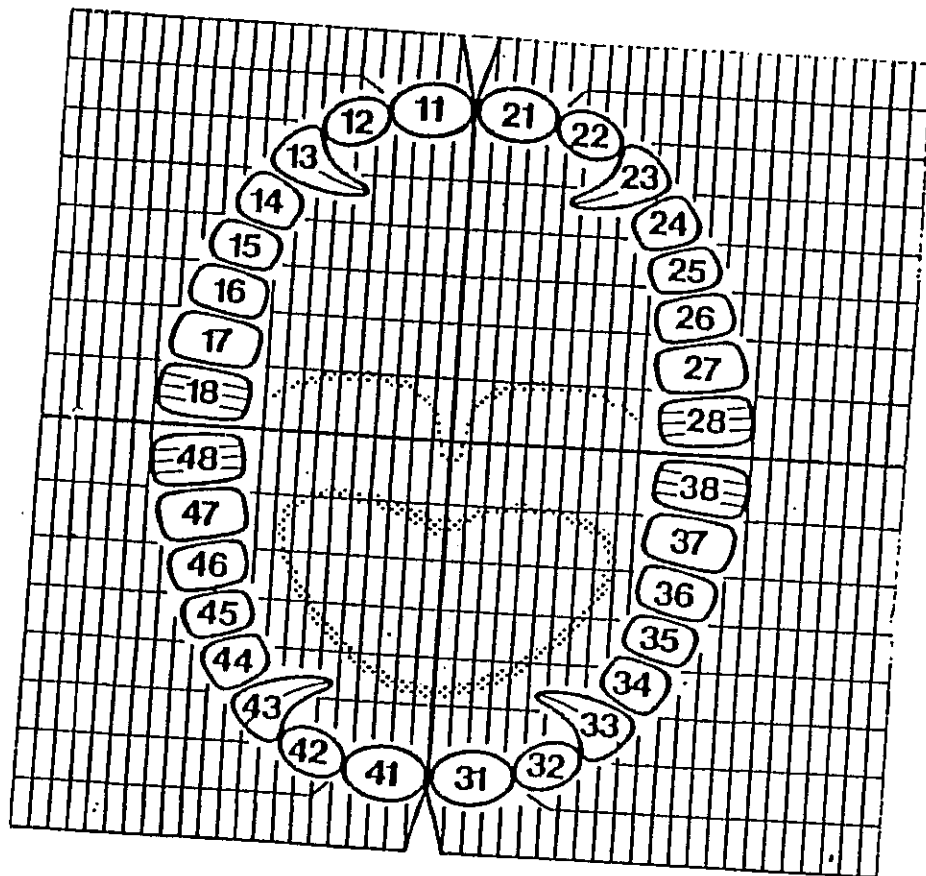


**THE ENERGETIC RELATIONSHIP
BETWEEN TEETH AND JAW SECTIONS
AND THE HUMAN BODY.**



The following energetic relationships were arrived at by West German Medical Specialists who conducted electro-acupuncture measurements on thousands of patients with follow up measurements after dental correction on over 100.000 teeth.

For more complete details of the relationship of teeth to the energetic system the appropriate books by Dr. R Voll are recommended.

EDITED BY: DR. KENNETH V. McIVER.

TEETH AND JAW MEASUREMENT POINTS:

The term odonton refers to the entire tooth and supporting tissue, including the mucous membrane and the jaw section.

An indicator drop on the jaw point lymph 2 will relate to the jaw or teeth on the same side as the indicator drop.

A distal disorder in the body can be caused by a focus in the jaw. A focus or foci is generally of an inflammatory nature and a distal effect can be caused by a low level inflammation in the jaw section. The effect of a focus is generally ipsilateral with very few exceptions. Measurement values of the facial jaw section points of 90 scale units and above will indicate serious inflammation of the surrounding mucous membranes.

Focal disturbances of an odonton can be the primary cause of the following conditions:

Constant pain of a particular muscle group.
The muscles of the neck and associated muscles, may be disturbed by all odontogenic foci

The muscles of the trunk may be disturbed by all odontogenic foci except the incisors.

The muscles of the upper extremities may be disturbed by a focus in the wisdom teeth, the upper premolars, or the lower molars.

Generally the upper odontons will irritate the muscles of the upper extremity and the lower odontons the lower extremities.

Shoulder arm syndromes can be caused by odontogenic foci.

The Atlas and Axis can be effected by all odontogenic foci.

Any joint pain may have as a primary cause a focated odonton.

Inflammation of the sinuses can be caused by odontogenic foci.

A primary cause of neuralgia can often be a focus within an odonton.

Dead and devitalised teeth can of course create focal disturbances as the body views them as a foreign body and the same situation occurs with root canal fillings which have far reaching energetic effects.

MEASUREMENT

AND POINT LOCATION:

Measurments taken on the face can be tender for the patient if conducted incorrectly. Care must be taken to ensure that the correct pressure is used. A common fault is to apply excessive pressure to these points.

The measurement value is usually higher than when measuring on the fingers and toes, and you will have to wait for a longer time for an indicator drop in comparison with the points of the extremities.

Location is very simple the following text will give you an indication where to search for the point. Locate the area from the text and lightly stroke the probe over the area. Do not use very much pressure. Watch the diagnostic meter and you will see the indicator needle rise slightly as you pass over the point.

The best way to control your pressure is to use the edge of the electrode tip and not the flat point measurement area of the tip, hold the stylus in the same manner as you would hold a pen when writing.

ODONTON MEASUREMENT POINTS:

NOTE: The "*" represents the centre line of the jaw, between the incisor teeth.

FIRST PRE MOLAR, UPPER CANINES & UPPER INCISORS * :

[14][13][12][11]*[21][22][23][24]

Governor Vessel 26, [VGV-25], located on the philtrum, one third of the distance below the nose and the upper lip.

UPPER INCISORS * :

[12][11]*[21][22]

This extra point is located midway between the philtrum and the wing of the nose, directly below the nostrils. Bilateral placement for the left and right sides.

UPPER CANINES (CUSPIDS) * :

[13]*[23]

This extra point is located beside the upper incisor point, directly below the inner wall of the nostrils. Bilateral placement for the left and right sides.

UPPER PREMOLARS (BICUSPIDS) * :

[15][14]*[24][25]

This point is located in the nasolabial sulcus (the smile groove) two probe widths below a horizontal level with the bottom of the nose. Bilateral placement for the left and right sides.

WISDOM, MOLARS & FIRST PREMOLARS * :

[18][17][16][15]*[25][26][27][28]

This point is located lateral to and above the corner of the mouth at the level of the upper teeth, in the nasolabial sulcus (the smile groove) that runs from the side of the nose to the outside of the corner of the mouth. Bilateral placement for the left and right sides.

UPPER MOLARS * :**[17][16]*[26][27]**

This point is located in the nasolabial sulcus on the same horizontal level as the Governor Vessel 26 (VGV-25) point, just below the measurement point for the UPPER PREMOLARS. Midway between the UPPER PREMOLAR point and the SECOND UPPER PREMOLAR and UPPER MOLAR point. Bilateral placement for the left and right sides.

UPPER WISDOM ODONTION * :**[18]*[28]**

This point is located on the same horizontal level as the Governor Vessel 26 (VGV-25) point, it is slightly more than the thickness of the patients thumb width (at the base or root of the nail) from the nasolabial sulcus. The point is directly located over the retromolar space. Bilateral placement for the left and right sides.

FIRST LOWER PRE MOLAR, LOWER CANINES & LOWER INCISORS * :**[44][43][42][41]*[31][32][33][34]**

This point is located in the centre of the groove of the chin and is known as The Conception Vessel 24 point. Located on the midline, on the inferior border of the orbicularis oris muscle.

LOWER INCISORS * :**[42][41]*[31][32]**

This point is located lateral to the LOWER INCISORS, LOWER CANINE & FIRST PREMOLAR POINT. The point is directly below the nostrils, thus directly below the measurement point for the UPPER INCISORS on a horizontal level with the Conception Vessel 24 point. Bilateral placement for the left and right sides.

LOWER CANINES (CUSPIDS) * :**[43]*[33]**

This point is located lateral to the LOWER INCISOR point. The point is slightly above the horizontal level of the Conception Vessel 24 point and directly below the inner wall of the nostril, thus directly below the measurement point for the UPPER CANINES (CUSPIDS). Bilateral placement for the left and right sides.

LOWER PREMOLARS (BICUSPIDS) * :**[45][44]*[34][35]**

This point is located one electrode tip width inside the external corner of the mouth on the lower border of the orbicularis oris muscle and on a horizontal level slightly above the measurement point for the LOWER CANINES (CUSPIDS). Thus this point is in a direct vertical line below the measurement point for the UPPER MOLARS. Bilateral placement for the left and right sides.

SECOND LOWER PREMOLAR (BICUSPID) & LOWER MOLARS * :

[47][46][45]*[35][36][37]

To find this point place the probe at the corner of the mouth and stroke obliquely downwards two electrode tip widths. The point is located on the medial edge of the depressor anguli oris and the lateral border of the orbicularis.

LOWER MOLARS * :

[47][46]*[36][37]

This point is located on a horizontal level situated midway between the Conception Vessel 24 point and the lower lip in a vertical line directly below the pupil with the patient looking straight ahead. Approximately three electrode tip widths lateral to the LOWER PREMOLARS (BICUSPIDS) measurement point. Bilateral placement for the left and right side.

LOWER WISDOM ODONTION * :

[48]*[38]

This point point is located on the same horizontal level as the measurement point for the LOWER PREMOLARS (BICUSPIDS). The vertical placement of this point is above and forward of the corner angle of the jaw. Bilateral placement for the left and right sides.

* ALSO MEASURE POINTS ON JAW (T.M.S.)

**ENERGETIC RELATIONSHIPS
OF ODONTONS:**

UPPER INCISORS * :

[12][11]*[21][22]

Rectum, Anal canal, Urinary bladder, Genitourinary area,
Kidney,

Vertebra: C 1,2. L 2,3. S 3,4,5. Coccyx.

Joints: Posterior knee, Sacro-coccygeal, Posterior ankle.

Frontal sinus, Splenoidal sinus, Nose, Pineal gland.

Problems:

Chronic Cystitis, Prostate Cancer, Bladder Cancer, Heel Pain,
Anal Fissure.

Muscles:

Ilioposas, Quadriceps femoris, Cremaster, Pectineus, Gracilis,
Abductors longus, brevis, magnus and minimus, Urinary and Rectal
Sphincters, The striated muscles of the Urethra and Colon.

Olfactory nerve, Trigeminal nerve.

UPPER CANINES (CUSPIDS) * :

[13]*[23]

Gallbladder biliary ducts, Liver.

Vertebra: C 1,2. Th 8,9,10.

Joints: Hip, Lateral ankle.

Sphenoidal sinuses, Posterior portion of the eye, Intermediate
pituitary lobe.

Problems:

Intercostal Neuralgia, Refactory Retinitis.

Muscles:

Ventral and Dorsal Trunk Muscles, Intercostal, Spinocostal, The long
deep dorsal muscles of the back.

Optic nerve.

UPPER PREMOLARS (BISUSPIDS) * :**[15][14]*[24][25]**

Large Intestine, Lung.

Vertebra: C 1,2,5,6,7. Th 3,4. L 4,5.

Foot, Big toe, Shoulder, Elbow, Hand radial side.

Ethmoid cells; Nose, Posterior pituitary lobe.

[15][25] = Mammary gland, Thymus.

Problems:

Vertigo, Mammary nodules, Asthma.

Muscles:

Deltoid, Supraspinatus, Infraspinatus, Biceps, Coracobrachialis, Brachioradialis, Triceps, Pectoralis major, Pectoralis minor, Serratus anterior, Latissimus dorsi, Teres major, Teres minor, Subscapularis, Pronator teres, Flexor carpi radialis, Flexor pollicis longus, Extensor carpi radialis longus, Extensor digitorum communis, Extensor digitis quinti, Extensor carpi ulnaris, Extensor pollicis brevis, Extensor pollicis longus, Extensor indicis proprius, Flexor digitorum sublimis, Flexor digitorum profundus, Pronator quadratus, Ventral and Dorsal Trunk Muscles, Quadriceps femoris, Gluteus maximus, Gluteus minimus, Semitendinosus, Semimembranosus, Biceps femoris, Tibialis anterior, Extensor digitorum longus, Peroneus longus, Peroneus brevis, Gastrocnemius, Soleus, Popliteus, Flexor digitorum longus Tibialis posterior, Flexor hallucis longus.

Olfactory Nerve, Trigeminal nerve.

UPPER MOLARS * :**[17][16]*[26][27]**

Mammary gland, Esophagus, Stomach, (Left: Spleen). (Right: Pancreas).

Vertebra: C 1,2. Th 11, 12. L 1.

Joints: Anterior hip, Medial ankle, Jaw.

Maxillary sinuses.

[16][26] Thyroid. **[17][27]** Para-Thyroid.

Problems:

Dysphagia, Difficulty with swallowing.

Muscles:

Rectus abdominis, Pyramidalis, Obliquus abdominis, Obliquus abdominis internus, Transversus abdominis (posterior portion), Quadratus lumborum, Spinocostal muscles, Serratus posterior inferior, Long Dorsal Muscles, Longissimus dorsi, Short Dorsal Muscles, Sartorius, Psoas major, Psoas minor, Iliacus.

Glossopharyngeus nerve, Hypoglossus nerve.

**RETROMOLAR SPACE & UPPER
WISDOM ODONTONS * :**

[] [18] * [28] [] =

Central nervous system, Limbic system, Duodenum.
(Right: Terminal ileum). (Left: Jejunum, ileum). Heart.
Vertebra: C 1,2,7. Th 1,5,6,7. S 1,2.

Joints: Shoulder, Elbow, Hand ulna side, Sacro-iliac,
Foot plantar side, toes.

Tongue, Inner ear, Anterior pituitary lobe, Brain stem.

Problems:

Epilepsy, Paralysis, Trigeminal Neuralgia, Multiple Sclerosis,
Psychiatric Disorders (high values), Menieres Syndrome, Arrhythmia,
Myocardial Infarction, Refractory Renal Disease, Diverticulosis,
Sequela of a Duodenal Ulcer.

Furuncle of the Auditory Canal. Low energy with areas of constant
cold sensations.

Muscles:

Long Extensors and Flexors of the Fingers, Small muscles of the Hand
and Fingers, Spinocostal Muscles, Long Deep Dorsal Muscles, Gluteus
maximus, Gluteus medius, Gluteus minimus, Piriformis,
Obturator internus, Obturator externus, Quadratus femoris,
Extensor digitorum longus, Peroneus longus, Peroneus brevis,
Extensor hallucis brevis, Extensor digitorum brevis, Gastrocnemius,
Flexor digitorum longus, Flexor Hallucis longus, Flexor hallucis
brevis, Adductor hallucis, adductor digiti quinti, Quadratus plantae,
Interosseus dorsalis pedis.

Vestibulo-cochlearis nerve, Glossopharyngeus nerve,
Hypoglossus nerve.

LOWER INCISORS * :

[42][41]*[31][32]

Rectum, Anal canal, Urinary bladder, Genitourinary area,
Kidney,

Vertebra: C 1,2. L 2,3. S 3,4,5. Coccyx.

Joints: Knee posterior, Sacro-coccygeal, Ankle posterior.

Frontal sinus, Splenoidal sinus, Nose, Pharyngeal tonsil,
Adrenal gland, Pineal gland.

Problems:

Chronic Hypertension, Chronic Cystitis, Prostate Cancer,
Bladder Cancer, Heel Pain, Anal Fissure.

Muscles:

Ilioposas, Quadriceps femoris, Cremaster, Pectineus, Gracilis,
Abductors longus, brevis, magnus and minimus, Urinary and Rectal
Sphincters, The striated muscles of the Urethra and Colon.
Sacral parasympathetic nervs, Lowest splanic nerve, Pelvic plexus,
Lumbar plexus, Pudanal plexus, Cocceal plexus.

LOWER CANINES (CUSPIDS) * :

[43]*[33]

Gallbladder biliary ducts, Liver.

Vertebra: C 1,2. Th 8,9,10.

Joints: Hip lateral, Ankle Knee medial and lateral,
Ankle superior and lateral.

Sphenoidal sinuses, Palatine tonsil, Ovary or testis.

Posterior portion of the eye, Intermediate pituitary lobe.

Problems:

Intercostal Neuralgia, Refractory Retinitis. Mammary Carcinoma.

Muscles:

Ventral and Dorsal Trunk Muscles, Intercostal, Spinocostal, The long
deep dorsal muscles of the back.

Oculomotoris nerve, Trochlearis nerve, Trigeminal nerve,
Abducens nerve, Accessorius nerve.

LOWER PREMOLARS (BISUSPIDS) * :

[45][44]*[34][35]

Mammary gland, Esophagus, Stomach, (Left: Spleen).
(Right: Pylorus, Pyloric antrum, Pancreas).

Vertebra: C 1,2. Th 11, 12. L 1.

Joints: Hip anterior, Knee medial and lateral, Ankle superior and medial.

Maxillary sinuses. Tongue.

[44] Right: Appendix. **[44][34]** Gonad.
[45][35] Lymph vessels.

Problems:

Lymphatic swelling, Mammary nodules,

Muscles:

Rectus abdominis, Pyramidalis, Obliquus abdominus, Obliquus abdominis internus, Transversus abdominis (posterior portion), Quadratus lumborum, Spinocostal muscles, Serratus posterior inferior, Long Dorsal Muscles, Longissimus dorsi, Short Dorsal Muscles, Sartorius, Psoas major, Psoas minor, Iliacus.

Vagus nerve, Lingualis nerve, Third trigeminal nerve, Hypoglossus nerve.

LOWER MOLARS * :

[47][46]*[36][37]

Large Intestine, (Right side: Ileo-cecal area).
Lung, Bronchi, Trachea.

Vertebra: C 1,2,5,6,7. Th 3,4. L 4,5.

Joints: Foot big toe, Shoulder anterior, Elbow lateral,
Hand radial, Fingers radial.

Ethmoid cells, Nose, Tubal tonsil, Posterior pituitary lobe.

[46][36] Veins. **[47][37]** Arteries.

Problems:

Asthma, Bronchitis, Ileocecal (right side only), Colon diverticulosis.

Muscles:

Deltoid, Supraspinatus, Infraspinatus, Biceps, Coracobrachialis,
Brachioradialis, Triceps, Pectoralis major, Pectoralis minor,
Serratus anterior, Latissimus dorsi, Teres major, Teres minor,
Subscapularis, Pronator teres, Flexor carpi radialis,
Flexor pollicis longus, Extensor carpi radialis longus,
Extensor digitorum communis, Extensor digitis quinti,
Extensor carpi ulnaris, Extensor pollicis brevis, Extensor pollicis
longus, Extensor indicis proprius, Flexor digitorum sublimis,
Flexor digitorum profundus, Pronator quadratus, Ventral and Dorsal
Trunk Muscles, Quadriceps femoris, Gluteus maximus, Gluteus minimus,
Semitendinosus, Semimembranosus, Biceps femoris, Tibialis anterior,
Extensor digitorum longus, Peroneus longus, Peroneus brevis,
Gastrocnemius, Soleus, Popliteus, Flexor digitorum longus
Tibialis posterior, Flexor hallucis longus.

Trigeminal nerve, Vagus nerve, Accessorius nerve.

LOWER WISDOM ODONTON * :

[48]*[38]

Central nervous system, Limbic system, Duodenum.
(Right: Terminal ileum). (Left: Jejunum, ileum). Heart. Kidney,
Adrenal gland.

Vertebra: C 1,2,7. Th 1,5,6,7. S 1,2.

Joints: Shoulder posterior, Elbow ulna, Hand ulna side,
Sacro-iliac, Foot plantar
side, Toes.

Tongue, Inner ear, Middle ear, Lingual tonsil,
Anterior pituitary lobe, Brain stem.

Problems:

Epilepsy, Paralysis, Trigeminal Neuralgia, Multiple Sclerosis,
Psychiatric Disorders (high values), Menieres Syndrome, Arrhythmia,
Myocardial Infarction, Refractory Renal Disease, Diverticulosis,
Sequela of a Duodenal Ulcer.

Furuncle of the Auditory Canal. Low energy with areas of constant
cold sensations.

Muscles:

Long Extensors and Flexors of the Fingers, Small muscles of the Hand
and Fingers, Spinocostal Muscles, Long Deep Dorsal Muscles, Gluteus
maximus, Gluteus medius, Gluteus minimus, Piriformis,
Obturator internus, Obturator externus, Quadratus femoris,
Extensor digitorum longus, Peroneus longus, Peroneus brevis,
Extensor hallucis brevis, Extensor digitorum brevis, Gastrocnemius,
Flexor digitorum longus, Flexor Hallucis longus, Flexor hallucis
brevis, Adductor hallucis, adductor digiti quinti, Quadratus plantae,
Interosseus dorsalis pedis.

Peripheral nerves, Trigemini nerve, Facialis nerve, Hypoglossus
nerve.

LOWER RETROMOLAR SPACE * :

[]*[]

Lymph Vessels, Para-Thyroid, Thyroid, Thymus, Mammary gland,
Stomach, (Left: Spleen) (Right: Pancreas).

Maxillary sinus, Lower Intercostal nerves,

Muscles of the neck.

Upper Cervical Plexus, Upper Lumbar Plexus, Lower abdominal reflex.
C 1, 2. Th 11, 12.

Atlas, Axis, Jaw Joint, Hip joint, Knee joint.

TOOTH MEASUREMENTS:-

Measurements can be easily conducted with the MORA RM 10 S or the MORA 111.3 unit.

These units are automatically set so that the measurement of current potential is registered on the meter without differentiation between positive and negative current. Experience has shown that the teeth or quadrant with the highest measurement values should be attended to first then the next highest until all fillings are replaced with composite materials.

Special note: Composite filling material should be tested with individual patients for compatibility.

Connect the long tooth testing probe to the hand electrode cable. Slide the short tooth testing electrode over the measurement stylus electrode tip.

Turn the control knob to the "ZU" position which produces automatic polarisation readings for testing tooth fillings and is capable of measuring up to 1,000 micro volts of current.

To obtain the current in micro volts multiply the number on the meter by a factor of ten.

To determine the amperage between tooth fillings turn the control knob to the "ZI" position which produces automatic polarisation readings and is capable of measuring up to fifty milli ampere.

To obtain the amperage divide the number on the meter by a factor of two.

METHOD:-

After connecting the tooth testing electrodes and turning the control knob to either the "ZU" or the "ZI" position place the tips of the probes on the tooth fillings and take note of the reading.

Contact with the tooth probes all the fillings in the oral cavity. The instrument is designed to actually store the highest reading. You do not have to remember or write down each reading just note which tooth has the highest value.

Pressing the switch on the stylus probe will clear the readings and new readings can then be taken.

ADDITIONAL TESTS:-

Bring the jaw measurement point Lymph 2 into balance on the involved side using either electrical stimulus or the bodys own oscillations via the MORA Therapy unit.

Turn the control knob to "ZR" which will produce from zero to 80 Volts of current at a frequency of ten hertz.

Place one tooth probe on the suspect tooth and the other tooth probe on the adjacent gum. Have the patient turn the "ZR" regulator up to their own tolerance level and flood the tooth with current for a few seconds. This process of stimulation will result in a changed reading at the jaw measurement point Lymph 2. and a return of the original indicator drop.

Another method is to note the indicator drop measurement reading on Lymph 2. Stimulate the suspect tooth with current and then check for a changed measurement value on Lymph 2.

A devitalised tooth will not conduct electric current even when the "ZR" regulator is turned fully clockwise.

For those who are research oriented or if you need to impress on the patient the importance of having a particular tooth taken care of there is the following possibility.

Measure all the terminal points, stimulate the tooth. Re-measure the terminal points. The change in measurement values will indicate the area or areas that the stimulated tooth is effecting.

PREFACE:-

Modern research in Europe and the United States indicates that vagrant buccal currents may have a deleterious effect on the health of sensitive individuals. Amalgam fillings in the oral cavity can create a battery effect, which can be measured with appropriate electronic instruments. Tooth fillings with high electrical readings should be replaced with suitable non allergic composite fillings. The fillings with the highest negative electrical readings should be replaced first and other fillings should be replaced serially.

American research at the University of Colorado indicates that the best approach is to remove all the amalgam fillings in the quadrant which has the highest negative reading and replace them with appropriate composite fillings.

Research in Sweden indicates that the red and white blood count is always compromised as long as there is the presence of any amalgam material in the oral cavity.

Biological dentistry is a fast growing field world wide and in Australia and New Zealand dentists are becoming more biologically oriented.