
REPORT FROM THE MEDICAL PRACTICE

The Diagnosis and Therapy of Focal and Field Disorders

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Professor Otto Neuner

Dr. Otto Neuner (M.D., D.M.D.) of Bern Switzerland, is a Professor of Maxillo-Facial Plastic Surgery, and President of the European Academy of Submolecular Biomedicine. This lecture was presented by Dr. Neuner at the second HEEL U.S. Symposium in San Francisco on October 17, 1987.

BIO PATHICA LTD
P.O. BOX 217
ASHFORD KENT
TN23 6ZU
TEL: 01233 636678
FAX: 01233 638380

SUMMARY

In this presentation, the question of focal disturbances is analyzed in relation to varying interpretations as they have arisen over the past 70 years. Routine diagnosis of foci are discussed in the way that they are performed by the practicing physician and dentist, with emphasis on the usual occurrence of foci in the mandibular areas.

A summary of tests and provocation techniques is given for verification of foci, on the basis of successful use of these methods in our clinic for many years.

Electro-acupuncture diagnosis and the testing of medications and dental material are outlined in greater detail. Facilities are described for accompanying therapy for defoculation and, in general terms, for mesenchyme reactivation.

New methods of pharma-auriculo acupuncture and mesotherapy are also treated.

GENERAL

Focal disturbances and disorders represent a reality with which every doctor is daily confronted. As permanent fields of disturbances, they inhibit the self-regulation of the organism – one of the basic prerequisites for biological therapy.

In the medical sense, we generally understand a focal disturbance to be a chronically altered area of tissue from which general diseases or focally separate, circumscribed processes in the organism are initiated and maintained.

Focal disorders in the head are considered to be the most significant. Why? One reason is the great number of possibilities for focal disorders in this part of the body. Another reason is the mechanical irritation factor prevalent in the jaw to which these foci are continually subjected. The pressure of chewing in a human jaw can, after all, attain a force of over 175 pounds. In principle, every application of

chewing pressure represents a provocation applied to focal disorders in the teeth or jaws, which in turn cannot fail to bring about the secretion of toxin.

As we know today, secondary fields of disturbances, or secondary diseases, can become established not only at individual organs or tissues, but can also occur to a general extent as disorders of the autonomic nervous system, and as disorders in a psychosomatic context.

Over the past seventy years, professional standpoints and theories on the origin of focal disorders have undergone considerable change. Paessler (in 1909) and Hunter (in 1910) assumed that bacteria or toxins were to some degree secreted in surges, or to some degree on a more continual basis, from otherwise insignificant or clinically quiescent infections, thereby leading to pathological changes in more remote organs. They spoke in this context of focal infections.

Throughout the years 1910 to 1940, extensive professional literature became available on bacterial alterations in conjunction with rheumatic disorders, with emphasis on the attempt to patch over the gaps and inconsistencies which had soon arisen in the theory of focal infections. These attempts, however, did not take into account the resistance situation for the organisms involved.

The loss of tenability for the pure infection theory led to introduction of the terms "focal toxicosis" (Slauck in 1930) and "focal allergy" (Rosenow, Bolyan, et al). For a long time in this context, the disturbed defense mechanism was interpreted in the sense of a specific antigen/antibody reaction.

In 1928, Huneke made the discovery that relief could be achieved within seconds, and the focally originated disorder could be directly caused to disappear by field injection of Impletol around the focal disturbance. This discovery clearly revealed for the first time that both bacterial focal disorders as

well as abacterial fields of disturbance (for example, scars) were capable of initiating focal phenomena. In the attempt to explain these phenomena, Siegmund used the relation pathology of G. Ricker and the neural pathology of A.D. Speransky; in the process, he established the neurovegetative focal theory. In accordance with Siegmund's theory, focal disorder is initiated by an alteration in the nervous system, whereby attention was for the first time focused on disturbances in the defense processes as an entirety.

A reply was provided to this holistic consideration of defense processes by the pathologist Alfred Pischinger of Vienna, as a result of the investigations which he conducted around 1948. In the course of his investigations of responsive mesenchymes and of extracellular tissue fluid, along with their associated functions, Pischinger was successful in revealing humoral mechanisms which can be measured and exactly reproduced at will.

In addition to the extracellular tissue fluid and the reticular cells, it is the capillary network and the nerve-ending network which together form the functional group of the fundamental humoral system. Whereas the organic formations of the stromata (such as the RES, the lymph nodes and the spleen) had for some time been a primary topic of scientific investigation with respect to their specific immunological functions, hardly anything had become known concerning this basic regulatory system until Pischinger's work.

Alfred Pischinger was able to prove with the aid of the electron microscope that there was no direct contact between capillaries or nerve-ending fibers, and the specific organ cells. Transmission of stimuli, as well as metabolic processes, always takes place via the extracellular tissue field, the functional condition of which is precisely what determines the states of sickness and health. Basic vital functions are controlled in the fundamental humoral system: the bodily equilibria involving water, acids, bases, oxygen, and electrolytes. Topographically considered, the stromata are ubiquitous (not including, however, the area of the uppermost layers of the skin). As already stated, they form organic structures in the form of the RES, the lymph nodes, and the spleen. These structures, furthermore, constitute the humoral control points for specific protein-bound defense mechanisms.

From Pischinger's standpoint, focal disorders are chronic alterations of tissue which are bacterial and abacterial in nature and which, in all cases, extend into this basic bodily element. Basic vegetative regulatory functions are inhibited or completely blocked by the excretion of pathological substances. As a result of such disturbed regulation, and of the associated reduction in the efficiency of defensive mechanisms, the secondary disorder related to the locus or disturbance field will then develop at the *locus minoris resistentiae* in the organ, or in the organic system.

Voll describes the development of focal disorders in a similar manner. In accordance with his findings, a focus will impose a humoral burden on the basic mesenchymal substance in a manner involving vasogenic, lymphogenic, neural, and endocrine phenomena. The basic mesenchymal substance will then be inhibited or blocked in the effectiveness of its defense mechanisms. As a result of these regulation disturbances, the toxic products secreted from the foci or fields of disorders can, without inhibition, bring their pathological effectiveness to bear on the particular organ susceptible to disease. With the

aid of the EAP method developed by him, Voll was able to determine the energetic relationships among foci, or fields of disturbance, organs, and organic systems. In addition, he was able to measure organic functional performance as well as the respectively occurring pathological states of these organs.

In our view, chemical and physical restructuring of the humoral stromata occurs as a result of pathological secretions into this tissue. This process inhibits, on the one hand, the physiological defense mechanisms of this tissue. On the other, it results in disturbances of the conductivity of this tissue with respect to the electrical pulses or electromagnetic oscillations which may be concerned. Field disorders are therefore characterized not only by the occurrence of a primary field disorder and a secondary disease established at the *locus minoris resistentiae*, but also by an alteration of the chemical and physical characteristics of the mesenchyme.

As a logical consequence, therefore, the goal of successful treatment of field disorders cannot be restricted only to the elimination of the primary field disturbance. Indeed, it must also include the regeneration of the lost physiological ability of the stromata to achieve regulation on their own and ensure functional improvement or healing of the secondarily diseased organ or tissue region.

As should be evident from these brief comments, viewpoints concerning the development of focal disorders have undergone significant change over the past seventy years.

Even today, however, it cannot be stated with certainty exactly how a focal disorder brings its pathological effects to bear. With all probability, focal disturbances arise in a number of completely different ways. There should no longer be doubt of the fact, however, that the phenomena involving focal disorders do not represent a strictly localized manifestation at one individual organ. Instead, it is clear that it is always a generalized disorder which is encountered: one involving insufficient defensive conditions and an altered overall energy exchange.

At any rate, it remains the responsibility for medical professionals to arrive at a proper diagnosis and successful treatment of focal disorders in our specialized fields.

THE DIAGNOSIS AND THERAPY OF FOCI AND FIELDS OF DISTURBANCE

The following four objectives are involved in the diagnosis of focal disturbances:

1. Determination of whether disturbances of focal nature are in fact present
2. Localization of the foci
3. Determination of type and intensity of the foci
4. Ascertainment of causal relationships between foci and secondary disorders

For the dentist, the following means are available today to achieve the stated goals in diagnosis of focal disturbances:

1. Meticulous medical and dental anamnesis
2. Clinical examination of the patient's teeth, to include the following methods:
 - Vitality tests
 - Palpation
 - Percussion tests
3. Complete radiographic status, to include examination of mandibular sections without teeth

Diagnosis that focal disturbance indeed exists cannot be provided on the basis of local patho-histological alterations. Under

conditions of normal bodily reaction, identical changes of this nature have only local significance. Indeed, it is only after dysfunctions in the body's resistance that they may be characterized as factors of focal severity.

As stated earlier, foci of disturbance occurring in the head, or those particularly of odontogenous nature, must be accorded primary importance.

Foci capable of occurrence in the mandibular area can be briefly summarized as follows:

1. Teeth with dead roots:
 - a. Without root filling
 - b. With root filling
 - c. With incomplete root filling.
2. Disorders which are the consequences of teeth with dead roots:
 - a. Widening of the periodontal gap
 - b. Chronic apical parodontitis
 - c. Radicular cysts
 - d. Odontogenous disturbances of the maxillary antrum
3. Irregular conditions in mandibular sections without teeth:
 - a. Impacted teeth
 - b. Odontogenous or otherwise enossal tumors
 - c. Impacted remnants of tooth roots which are still vital
 - d. Follicular cysts
 - e. Dermoid cysts and associated forms
 - f. Sclerosis
 - g. Soft-tissued inclusions
 - h. Foreign matter of many different kinds
 - i. Osteitic manifestations
4. Further disorders such as the following:
 - a. Gingivitis
 - b. Parodontitis marginalis
 - c. Intra-bony pockets
 - d. Subgingival tartar
5. Metallic influences in the oral cavity:
 - a. Corrosion of metal materials in the mouth
 - b. Release of metallic ions
 - c. Charges arising in the metals present
 - d. Electric tension and current in the oral cavity
6. Vital or diseased teeth with inflammatory or degenerative alterations in the dental pulp.

Since the focus will reflect a chronically inflammatory or degenerative condition, it will not in all cases be clinically noticeable. It may also not be visible by radiographic means. Bone changes rendered radiologically visible are the consequences of a necrotic or gangrenous pulp — and a pulp in this condition must be suspected of constituting a focal disorder. Since, furthermore, any focal inflammation which is allowed to continue over any considerable length of time will of course be capable of producing the effects of a focal disturbance, a chronically inflamed pulp must immediately be suspected of representing a possible focal factor. Such a standpoint will be felt by many to be extreme, but we cannot escape the facts here.

Among focal disorders of the head, chronically atrophying tonsillitis, with infiltration of the tonsil bed and/or retrotonsillar abscesses, must be recognized as playing a major role in focally engendered secondary illnesses. Contrary to earlier assessment, the remnants after tonsillectomies must also, in all likelihood, be considered as a chief culprit. Also in contradiction to opinions widely held heretofore, the paranasal

sinus cavities can indeed represent massive sources of disturbance, above all in cases of sinusitis concomitans, as a result of gradual, progressive otitic processes originating in the dental area.

After conscientiously recorded anamnesis and assessment of findings, the physician is often confronted with a great range of potential focal areas.

So where do we start? Out of the many possibilities for active foci, we must attempt to isolate the single disturbance primarily responsible for the illness of interest to us. A whole series of foci-related test and provocation methods are, to be sure, available to us to verify the existence of a focal disorder. These include the following:

FOCAL TEST METHODS:

- The capillary test after Gotsch
- The histamine membrane test
- The function test
- The hyperventilation test
- The electrotest
- The infra-red radiation test
- Iodometry
- Decoder dermatography
- The electro-acupuncture test

PROVOCATION TESTS:

- Movement test
- Spenglersan test
- The Impletol-provocation test
- The Huneke Test (IMPLETOL®)

Within the context of this presentation, I cannot of course elaborate on the individual methods. I would, however, like to go into some detail on electro-acupuncture, since it is of considerable importance for the therapy involved here. Electro-acupuncture (EAP) is based on the traditional Chinese therapeutic method, which is around two thousand years old, in conjunction with modern electronics.

Electro-acupuncture has proved particularly valuable both as a diagnostic test method for field disorders, as well as for assessment of which of all our biomedical therapeutic measures can be respectively administered in the case of the type of disorders which we are considering here.

I would like to elaborate on the following special terms by way of introduction:

1. Acupuncture
2. Auriculo medicine (ear acupuncture)
3. Electro-acupuncture

The Chinese therapy of acupuncture is based on the following principles:

1. All living organs generate energy in some form.
2. This energy is conducted along particular paths, termed meridians, through the human organism.
3. At particular points, these meridians pass near the surface of the skin — the so-called acupuncture points.
4. Vital forces and movement — or "flowing energy and health," as the Chinese term it — are found in energetic equilibrium in the ideal state.

In the therapy of acupuncture, the insertion of needles at the points of acupuncture is employed in the event of disturbances in this energetic equilibrium. As a result, the organs associated with these points are energetically influenced by the punctures. The use of gold needles serves to attract energy toward the point of application, and the employment of silver

needles conducts it away. These points can also be influenced by the application of laser beams, electro-magnetic oscillations, and the like.

The system of auriculo medicine was initially introduced throughout Europe only a scant thirty years ago by the French physician Nogier. In conjunction with this therapy, there is no direct connection between the outer ear — at which the entire human body has been set out in a system of points — and the bodily organs. Instead, the stimulations applied to these points apparently first pass through a center in the brain, from where they are directed onward with an amplified effect.

The system of electro-acupuncture was developed by the German physician Voll in 1953. With this method, a high-precision ohmmeter is used to measure resistance in the human body, which, in turn, along with allocation of measurements along a subliminal DC circuit in the body, can exactly determine the energetic potential of each organ. The patient's body is connected to the negative electrode and the examiner seeks contact to the desired acupuncture point with the positively active electrode. For purposes of reading the body voltage, a graduated scale with 100 subdivisions is used; the normal reading for a healthy human body is 50. The measuring arrangements are designed in accordance with the total electrical voltage of a healthy human body: namely, 0.87 volts.

Every human sickness is associated with a change in the electrical potential of the body. An inflammation will increase the voltage; degenerative processes will lower the potential. As a result the measurement of such energetic changes affords the possibility of early diagnosis — at a point in time at which morphological alterations are not yet manifest and the patient has no complaints. The accuracy of measurement has been sophisticated to such a degree that, for many women, the exact day and the side of ovulation can be determined.

Diagnosis to this extent has become possible by virtue of the fact that a great number, more than 600, different measuring points for organs, organic parts, and tissue systems have been worked out and made available to the practicing physician. Clearly delineated pathological conditions have accordingly been correlated with the particular movement in voltage readings, and with the difference between stable and unstable measured values.

In addition to this method of diagnostic testing for focal disorders and for bodily organs, EAP also enables the testing of medications and materials. I would like to add a few comments on these two possibilities.

TESTING OF MEDICATIONS BY EAP

When a medication is employed, it has been observed that it will influence the body's energetic circuit which is being measured and that changes will be observed in the energetic potential at the respective organ of the patient. Although this may be difficult to believe, and although an exact and satisfying scientific explanation has yet to be delivered, it is nevertheless an observed fact.

Apparently, energetic emissions from the medium administered effect an extremely slight change in the energetic potential of the organ being measured. This potential change can be measured by highly sensitive measuring equipment. Such measurable changes can be detected as a result of many and various types of administration: by injection into the patient's body, by his or her merely holding the medium in the hand or by administration by application into a honeycomb

structure. These possibilities of testing by EAP are employed to determine the effectiveness and the compatibility of allopathic, homeopathic, and biological medications.

TESTING OF MATERIALS BY EAP

Similar testing methods can be employed, moreover, to ensure, for example, that the material used for dental fillings and artificial dentures is in fact compatible with the patient's system. Allergies can be determined either by holding the material in the hand or by placing it in the honeycomb. A great number of different examination points are available to physicians, for each specialist field which may be involved.

In summary, the following electro-acupuncture possibilities are open for use in medicine and dentistry:

1. **Diagnosis of focal disorders**
 - a. The diagnosis of active and potential dental and mandibular foci which cannot be determined by either radiological or other clinical means of examination
 - b. The interrelationships with existing illnesses afflicting organs and organic systems
 - c. Immediate assessment of treatment success in elimination of the focal disturbance
 - d. Assessment of the effectiveness of medications for accompanying therapy which may become necessary in the elimination of focal disturbances
2. **Testing for incompatible materials in the mouth**
 - a. Amalgam
 - b. Cement
 - c. Other materials
3. **Testing for the compatibility of allopathic medications**
 - a. Anesthetics
 - b. Analgesics
 - c. Antibiotics
 - d. Other medications where compatibility is a problem
4. **General mesenchymal reactivation**

The treatment of field disorders, in summary, consists in our sense principally of the following:

1. The elimination of the primary field disorder
2. Biomedical therapy with the following objectives:
 - a. Restoration of the physiological regulation capability of the basic tissue (mesenchyme)
 - b. Healing of the secondary illness

Elimination of the primary field disorder is the responsibility of the specialist called in for the case and need not be further treated here. It can take place through surgical, conservative, or a mixture of surgical and conservative techniques.

In conclusion, biomedical therapy for focal disorders can principally be broken down into the following two major categories:

1. Medication therapy with nosode preparations, organic preparations, and homeopathic medications
2. Submolecular therapy, to include the following:
 - a. Acupuncture
 - b. Auriculo medicine
 - c. Neural therapy
 - d. Mesotherapy

An outstanding combination of these two types of therapy is possible through application of pharma-acupuncture or pharma-auriculo medicine, together with mesotherapy.

Address of the author:

Prof. Dr. Otto Neuner, Brugackerweg 7
3047 Bremgarten/Bern, Switzerland