ALPSTEINCLINIC

WELCOME !

Toxins, Foci, Interfering fields, teeth – importance and integration into the concept – What is essential ?

- Josef Vizkelety & Ralf Oettmeier and Team
- Alpstein Clinic, Gais (AR), Switzerland

ALPSTEINCLINIC

The Speaker

- medical degree 2008, dental degree 2013
- Foundation Year Programme I + II additional qualifications
- Postgrad. Qualifications and Specialization:
  - Oral Surgery & Implantology
  - Metal Free Dentistry
  - Regenerative Cell Therapy
  - Anti-aging
  - Holistic Medicine
  - Holistic Dentistry
- 2008-2010 Physician King´s College Hospital London – GB
- since 2010 Physician and Dentist at Private Clinics – CH, AT & GER
- As from 2018 Head Physician at Alpstein Clinic

DDr. JV

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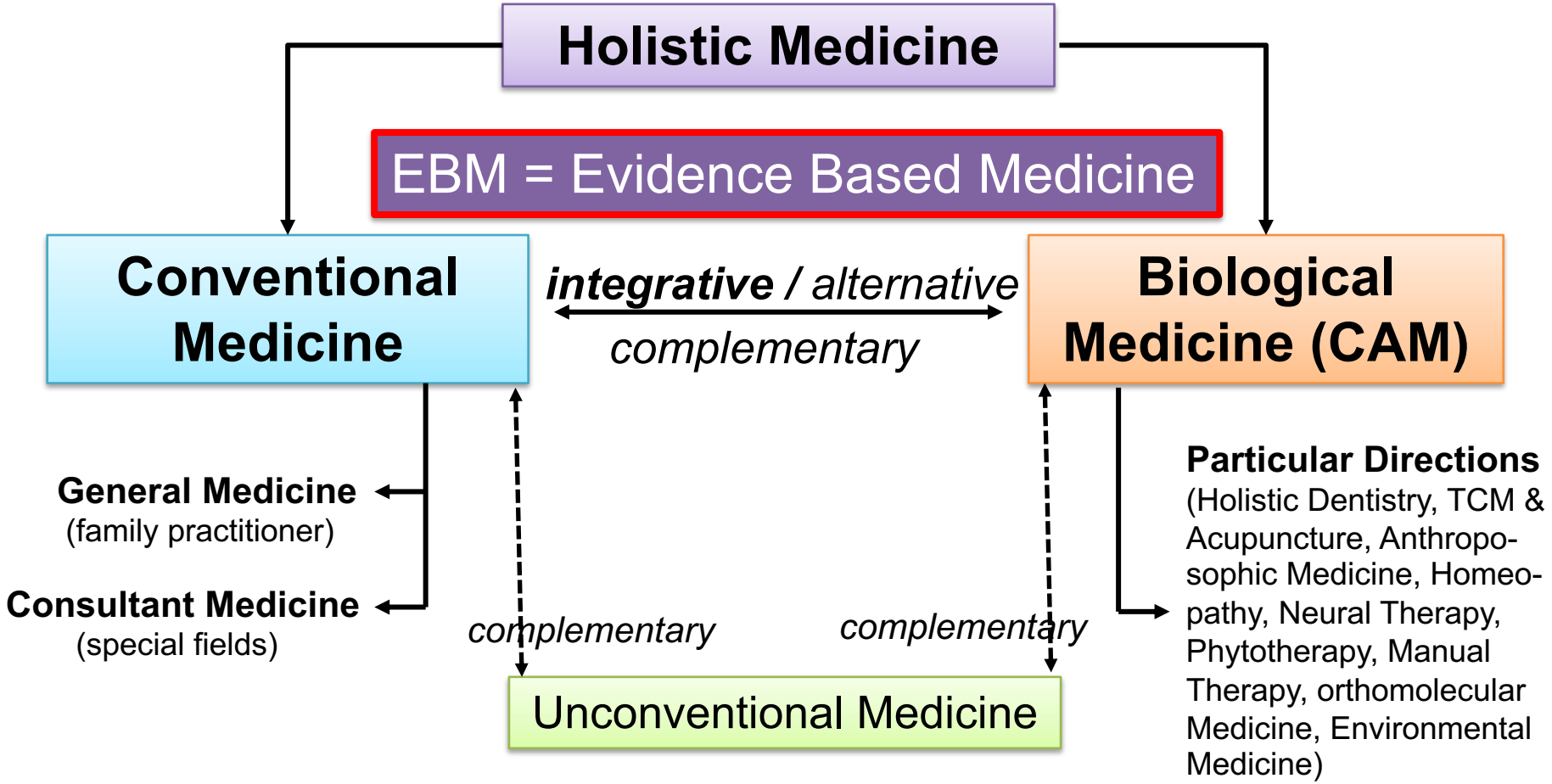
The different Medical Systems and Relationships between each other



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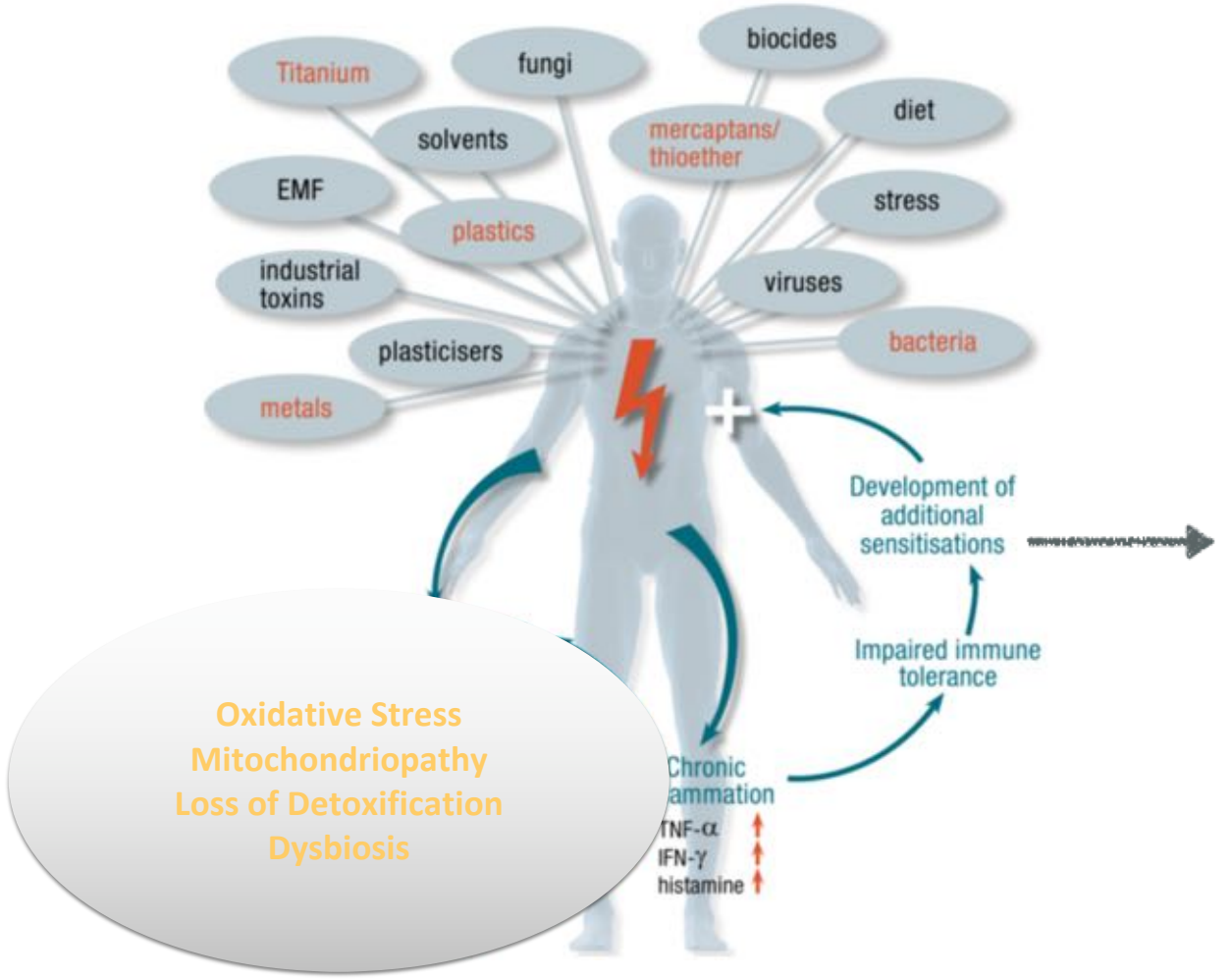
Synergy of Evidence based Biological Medicine & Dentistry



„Chronic Systemic Diseases“

Fibromyalgia (1)
Lymes Disease/Borrreliosis (2)
Breast cancer (3)
Autoimmune disorders (4)
Infertility (5)
Neurological Disorders (6)
CFS (7)

Reference: 1) **Stejskal et al.,** Metal-induced inflammation triggers fibromyalgia in metal-allergic patients. Neuroendocrinol Lett 2013; 34(6):559–565. 2) **Valentine-Thorn E et al.,** A novel lymphocyte transformation test (LTT-MELISA) for Lyme borreliosis Diagn Microbiol Infect Dis. 2006 Jul 27. 3) **Stejskal et al.,** Increased levels of transition metals in breast cancer tissue. Neuro Endocrinol Lett 2006; 27(Suppl 1): 36-39. 4) **Sterzl I et al.,** Removal of dental amalgam decreases anti-TPO and anti-Tg autoantibodies in patients with autoimmune thyroiditis. Neuro Endocrinol Lett 2006; 27(Suppl 1): 25-30. 5)**Podzimek S et al.,**Sensitization to inorganic mercury could be a risk factor for infertility. Neuroendocrinology Letters, 2005:26(4);277-282 6+7) **Regland B et al.,** Nickel allergy is found in a majority of women with chronic fatigue syndrome and muscle pain – and may be triggered by cigarette smoke and dietary nickel intake. Journal of Chronic Fatigue Syndrome, Vol. 8(1) 2001

ALPSTEINCLINIC

Synergy of Evidence based Biological Medicine & Dentistry

Oxidative stress and cancer formation, antibiotic resistancy(8,9)

Lung & Bone diseases(10)

Skin diseases (11)

Kidney diseases (13)

Health Effects

Heart diseases (12)

Genetic prevalence & polymorphism (16)

Infertility(15)

Neurological diseases, ALS, MS, Parkinson´s disease, Alzheimer (14)

Reference: 8)**Di Pietro A et al.,** Biomonitoring of DNA damage in peripheral blood lymphocytes of subjects with dental restorative fillings. Mutat Res 2008, 650:115-122. 9)**Lorscheider FL et al.,** The dental amalgam mercury controversy–inorganic mercury and the CNS; genetic linkage of mercury and antibiotic resistances in intestinal bacteria. Toxicology 1995, 97:19-22. 10)**Hahn LJ et al.,** Whole-body imaging of the distribution of mercury released from dental fillings into monkey tissues. FASEB Journal 1990, 4:3256-3260. 11) **Weidinger S et al.,** Body burden of mercury is associated with acute atopic eczema and total IgE in children from southern Germany. J Allergy Clin Immunol 2004, 114:457-459. 12) **Houston MC:** The role of mercury and cadmium heavy metals in vascular disease, hypertension, coronary heart disease, and myocardial infarction. Altern Ther Health Med 2007, 13:128-133,.13)**Mortada WI et al.**,Mercury in dental restoration: is there a risk of nephrotoxicity? J Nephrol 2002, 15:171-176. 14) **Carpenter DO:** Effects of metals on the nervous system of humans and animals. Int J Occup Med Environ Health 2001, 14:209-218. 15)**Gerhard I et al.,** Heavy metals and fertility. J Toxicol Environ Health. 1998, 54:593-611. 16) **Wojcik DP et al.,** Mercury toxicity presenting as chronic fatigue, memory impairment and depression: diagnosis, treatment, susceptibility, and outcomes in a New Zealand general practice setting (1994-2006). Neuro Endocrinol Lett 2006, 27:415-423.

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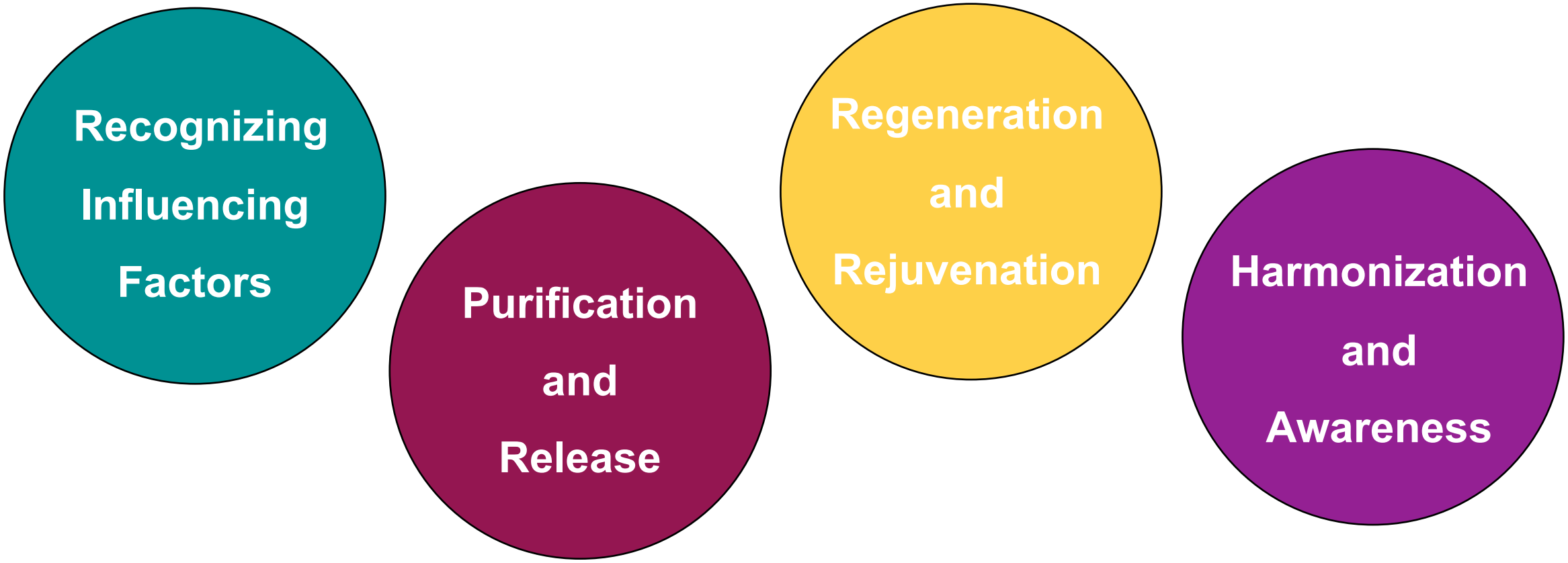
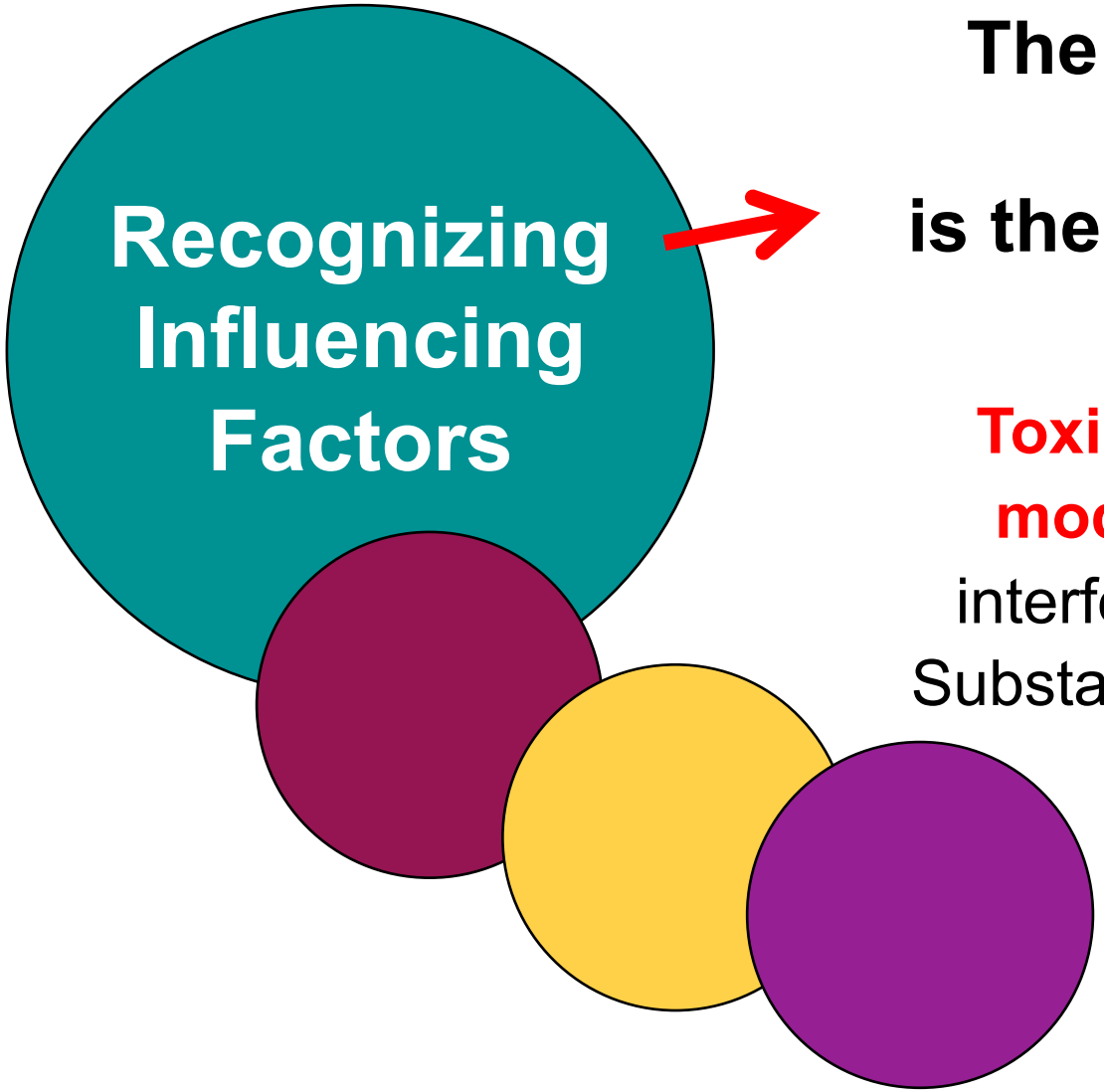
The 4 pillars of „Integrative Biological Medicine & Dentistry“





The knowledge of true reasons to become ill

is the 1st stage to all healing and well aging!

Toxic loads (all biological levels), **neuro-modulative triggers** (inflammatory foci, interfering fields), Malnutrition, Lack of vital Substances, Energy Deficiency, Terrainfactors (Acid-base-houshold, free radicals, building biology, Overstress, Life Style and living conditions

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Diagnostics

Toxiba Test (DMPS)

Multi elements analysis MEA Toxiba-A: urine-1 before and urine-2 after DMPS i.v. mobilisation with Dimaval®

By relating the measured value to the creatinine concentration, diuresis effects are not ignored and so an interpretation of the results is more precise

creatinine g/l	reference range	urine-1	urine-2
creatinine ♀	0,30 - 2,20	0,85 g/l	0,42 g/l

toxic element µg/g creatinine	urine-1	urine-2 (reference range)	urine-1	urine-2		
aluminium (Al)		< 20	n.a.	19,80		Al
arsenic (As)		< 38	n.a.	66,70	*	As
lead (Pb)		< 150	n.a.	59,80		Pb
cadmium (Cd)		< 5	n.a.	1,40		Cd
cobalt (Co)		< 1	n.a.	u.v.Ng.		Co
gold (Au)		< 0,6	n.a.	u.v.Ng.		Au
Indium (In)		< 0,2	n.a.	u.v.Ng.		In
copper (Cu)		< 1700	n.a.	1595,00		Cu
molybdenum (Mo)		< 94	n.a.	34,80		Mo
nickel (Ni)		< 2,2	n.a.	2,40	*	Ni
palladium (Pd)		< 0,042	n.a.	u.v.Ng.		Pd
platinum (Pt)		< 1	n.a.	u.v.Ng.		Pt
silver (Ag)		< 0,9	n.a.	46,20		Ag
strontium (Sr)		< 444	n.a.	140,00		Sr
thallium (Tl)		< 0,7	n.a.	u.v.Ng.		Tl
bismuth (Bi)		< 1,6	n.a.	3,30		Bi
tin (Sn)		< 15	n.a.	8,80		Sn
zirconium (Zr)		< 2	n.a.	u.v.Ng.		Zr
mercury (Hg)	< 1	< 50	0,90	242,10	*	Hg
		< 2474,24	0,90	2220,30		

moderate | high | very high

LTT Metals

medical report

patient	Diary no.	date of birth	Institut für Medizinische Diagnostik
	0326247586	22.06.1958	Nicolaistraße 22, 12247 Berlin (Steglitz) Tel.: 030 770 01-220 Fax: 030 770 01-236

Received 15.09.2014 | Issued 22.09.2014

Test / material: Lymphocyte transformation test (Metals)

	SI		SI
chrome	1,1	mercury	1,2
cobalt	1,1	gold	1,0
palladium	5,4	nickel	15,9
silver	1,4	cadmium	1,0
aluminium	1,0	ethyl mercury	1,0
tin	1,3	molybdenum	1,3
copper	1,1	platinum	1,0

Blank control sample (negative control)	1585	(normal value < 4000 cpm)	
Positive control (antigen)	34573	cpm	21,8
mitogen control (PWM)	53536	cpm	33,8

Please note: The metal alloys in amalgam are mercury, silver, copper and tin. They have been tested individually in the profile (see above).

Results of > 3 with PWM mitogen control and > 3 with antigen control (tetanus/candida/influenza) confirm the interpretability of the test.

The LTT shows evidence of cellular sensitisation in the form of a type IV immune response to nickel and palladium. There is no sensitisation to the other metals tested.

When avoiding exposure to palladium, be particularly aware of gold jewellery as this very often contains palladium. Palladium and nickel are both often present in piercing materials and fashion jewellery.

LTT composite fillings

medical report

patient	Diary no.	date of birth	Institut für Medizinische Diagnostik
	0326147596	27.03.1961	Nicolaistraße 22, 12247 Berlin (Steglitz) Tel.: 030 770 01-220 Fax: 030 770 01-236

Received 22.09.2014 | Issued 29.09.2014

Test / material: Lymphocyte transformation test for plastics

	SI		SI
TEGDMA	9,5	N,N-DAT	1,5
BISGMA	1,1	Benzoyl peroxide	1,7
HEMA	6,2	Hydroquinone	1,0
BDMMA	1,2	Camphorquinone	1,0
Methyl Methacrylate	6,3	Formaldehyde	1,2
EGDMA	1,3	Phthalates	1,5
DUDMC	1,0		

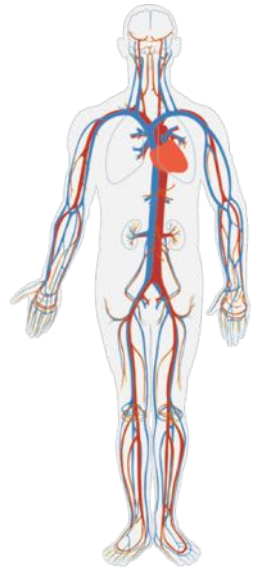
Blank control sample (negative control)	2403	(normal value < 4000 cpm)	
Positive control (antigen)	67450	cpm	28,1
mitogen control (PWM)	80237	cpm	33,4

Legend of acronyms:
TEGDMA: Triethylene glycol dimethacrylate DUDMC: diurethane dimethacrylate
EGDMA: Ethylene glycol dimethacrylate HEMA: 2-Hydroxyethyl methacrylate
BDMMA: 1,4-Butanediol dimethacrylate N,N-DAT: N,N-Dimethyl-p-toluidine
BISGMA: 2,2-bis-(4-(2-Hydroxy-3-methacryloxypropoxy)-phenyl)propane
Methyl methacrylate (= MMA / PMMA)

Results of > 3 with PWM mitogen control and > 3 with antigen control (tetanus/candida/influenza) confirm the interpretability of the test.

The LTT shows evidence of cellular sensitisation to TEGDMA, HEMA and methyl methacrylate (MMA). Particularly with the composites and adhesives used in dentistry, ensure that products manufactured on the basis of TEGDMA or HEMA are not used.

For prosthetic plastics ensure that MMA is not used. Medications delivered in capsules containing methyl methacrylate or sticking plaster containing MMA should be avoided.



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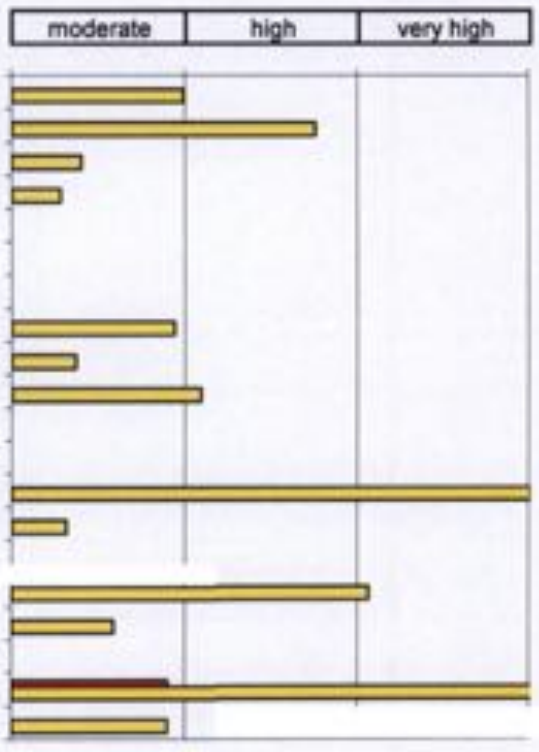
The heavy and light Metal Problem

Multi elements analysis MEA Toxiba-A: urine-1 before and urine-2 after DMPS i.v. mobilisation with Dimaval®

By relating the measured value to the creatinine concentration, diuresis effects are not ignored and so an interpretation of the results is more precise

creatinine g/l	reference range	urine-1	urine-2
creatinine ♀	0,30 - 2,20	0,85 g/l	0,42 g/l

toxic element µg/g creatinine	reference range urine-1	reference range urine-2	urine-1	urine-2		
aluminium (Al)		< 20	n.a.	19,80		Al
arsenic (As)		< 38	n.a.	**66,70**	*	As
lead (Pb)		< 150	n.a.	59,80		Pb
cadmium (Cd)		< 5	n.a.	1,40		Cd
cobalt (Co)		< 1	n.a.	u.v.Ng.		Co
gold (Au)		< 0,6	n.a.	u.v.Ng.		Au
Indium (In)		< 0,2	n.a.	u.v.Ng.		In
copper (Cu)		< 1700	n.a.	1595,00		Cu
molybdenum (Mo)		< 94	n.a.	34,80		Mo
nickel (Ni)		< 2,2	n.a.	**2,40**	*	Ni
palladium (Pd)		< 0,042	n.a.	u.v.Ng.		Pd
platinum (Pt)		< 1	n.a.	u.v.Ng.		Pt
silver (Ag)		< 0,9	n.a.	**46,20**		Ag
strontium (Sr)		< 444	n.a.	140,00		Sr
thallium (Tl)		< 0,7	n.a.	u.v.Ng.		Tl
bismuth (Bi)		< 1,6	n.a.	**3,30**		Bi
tin (Sn)		< 15	n.a.	8,80		Sn
zirconium (Zr)		< 2	n.a.	u.v.Ng.		Zr
mercury (Hg)	< 1	< 50	0,90	**242,10**	*	Hg
		< 2474,24	**0,90**	**2220,30**		



54 year old women suffering from MS, Lyme´s disease

LTT- MELISA

ANALYSES MÉDICALES
45 A, route des Acacias
Case postale 1009 - 1211 Genève 26
Tél 022 309 15 20 - Téléfax 022 343 30 44
Concordat: J 8259.25 - AVS/AI: NIF 29410

Accréditation ISO/CEI 17025 STS 383

laboratoire MGD

page 1/6

[redacted]
85829

TEST LTT-MELISA®

Test report for
WINIGER Manuel
Date of birth
18-Sep-79

Neg.Ctrl 8'295 -
Test date 19-Jul-16
Sex Male

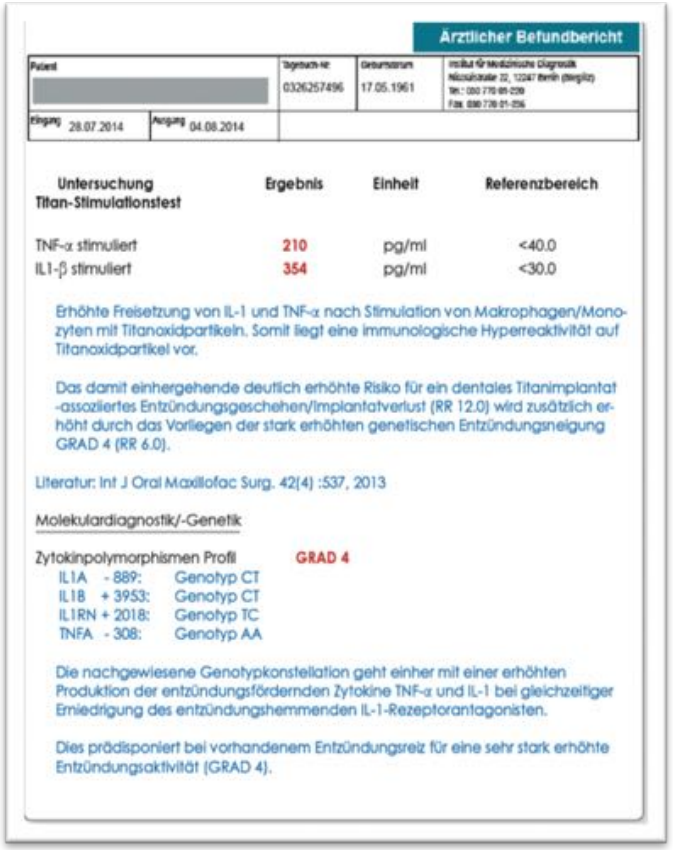
Referred by
Dr Josef VIZKELETY
Paracelsus Klinik Lustmühle AG
Postfach 162
9053 Teufen AR

	Code	Substance (in order of reaction)	SI	Comments	Microscopic observations
	PWM	Positive control	18.3	Positive control	+++++
1	Ni	Nickel I	7.5	Positive	++
		Nickel II	2.7	Weakly positive	+
		Nickel III	4.5	Positive	+
2	Nb	Niobium I	1.6		
		Niobium II	4.0	Positive	+
3	V	Vanadium I	3.5	Positive	+
		Vanadium II	1.3		
4	TiO2	Titanium dioxide I	2.6	Weakly positive	+
		Titanium dioxide II	0.5		
		Titanium dioxide III	0.5		
5	Zr	Zirconium powder I	0.6		
		Zirconium powder II	0.6		
		Zirconium powder III	0.9		
6	TiSO4	Titanium sulphate I	0.4		
		Titanium sulphate II	0.4		
		Titanium sulphate III	0.6		
7	CaTiO	Calcium Titanate I	0.4		
		Calcium Titanate II	0.5		
		Calcium Titanate III	0.6		
8	Al	Aluminium I	0.5		
		Aluminium II	0.5		

Microscopic observations
Positive to: Vanadium, Niobium, Nickel. Weakly positive to: Titanium dioxide. Negative to all other antigens tested.

C. Dalphin ing. chim. Dr C. Roduit C. Casagrande dipl. biol. S. Birsan spécialistes FAMH

TST



Ärztlicher Befundbericht

Patient	Tagebuch-Nr	Geburtsdatum	Institut für Medizinische Diagnostik
[redacted]	0326257496	17.05.1961	Nikolsstrasse 22, 12047 Berlin (Steglitz) Tel.: 030 770 01-220 Fax: 030 770 01-256

Eingang 28.07.2014 Ausgang 04.08.2014

Untersuchung	Ergebnis	Einheit	Referenzbereich
Titan-Stimulationstest			
TNF-α stimuliert	210	pg/ml	<40.0
IL1-β stimuliert	354	pg/ml	<30.0

Erhöhte Freisetzung von IL-1 und TNF-α nach Stimulation von Makrophagen/Monozyten mit Titanoxidpartikeln. Somit liegt eine immunologische Hyperreaktivität auf Titanoxidpartikel vor.

Das damit einhergehende deutlich erhöhte Risiko für ein dentales Titanimplantat -assoziiertes Entzündungsgeschehen/Implantatverlust (RR 12.0) wird zusätzlich erhöht durch das Vorliegen der stark erhöhten genetischen Entzündungsneigung GRAD 4 (RR 6.0).

Literatur: Int J Oral Maxillofac Surg. 42(4) :537, 2013

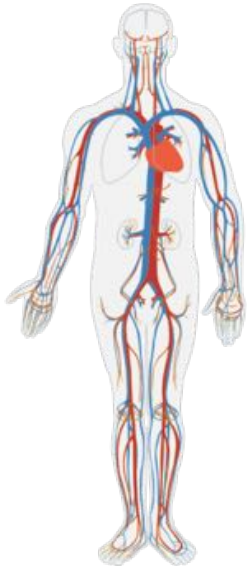
Molekulardiagnostik/-Genetik

Zytokinpolymorphismen Profil GRAD 4

IL1A - 889: Genotyp CT
IL1B + 3953: Genotyp CT
IL1RN + 2018: Genotyp TC
TNFA - 308: Genotyp AA

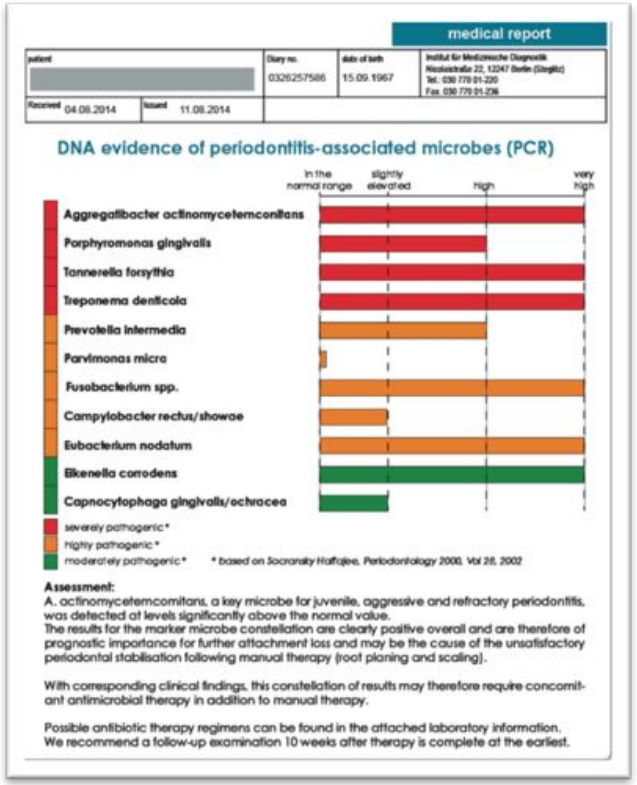
Die nachgewiesene Genotypkonstellation geht einher mit einer erhöhten Produktion der entzündungsfördernden Zytokine TNF-α und IL-1 bei gleichzeitiger Erniedrigung des entzündungshemmenden IL-1-Rezeptorantagonisten.

Dies prädisponiert bei vorhandenem Entzündungsreiz für eine sehr stark erhöhte Entzündungsaktivität (GRAD 4).

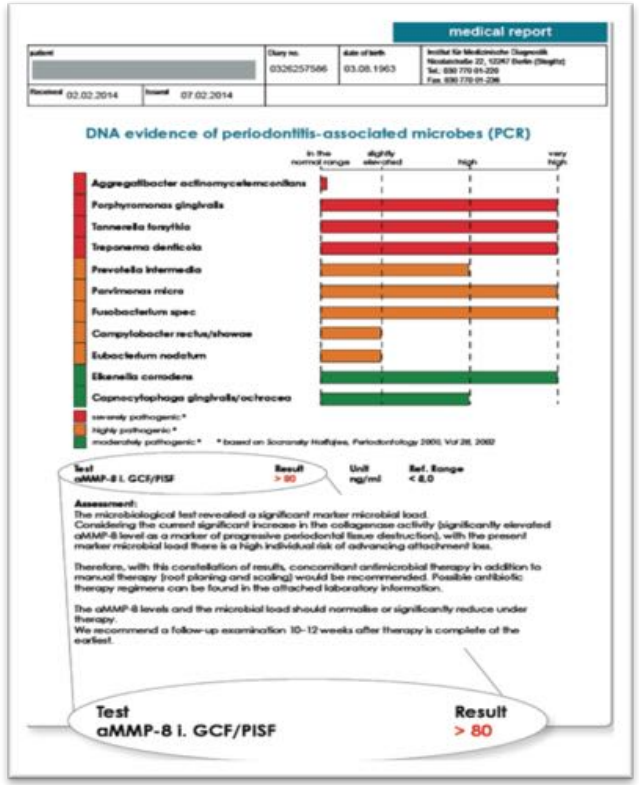


Dental Flora

(Degree of inflammation)



Dental Flora



Dental Flora/Periodontitis/aMMP8

Reference: **Perrez Chaperro et al.,** The Current Weight of Evidence of the Microbiologic Profile Associated With Peri-Implantitis: A Systematic Review.J Periodontol. 2016 Nov;87(11):1295-1304.**Lorenz K et al.,** Evaluation of a novel point-of-care test for active matrix metalloproteinase-8: agreement between qualitative and quantitative measurements and relation to periodontal inflammation. J Periodontal Res. 2016 May 23.

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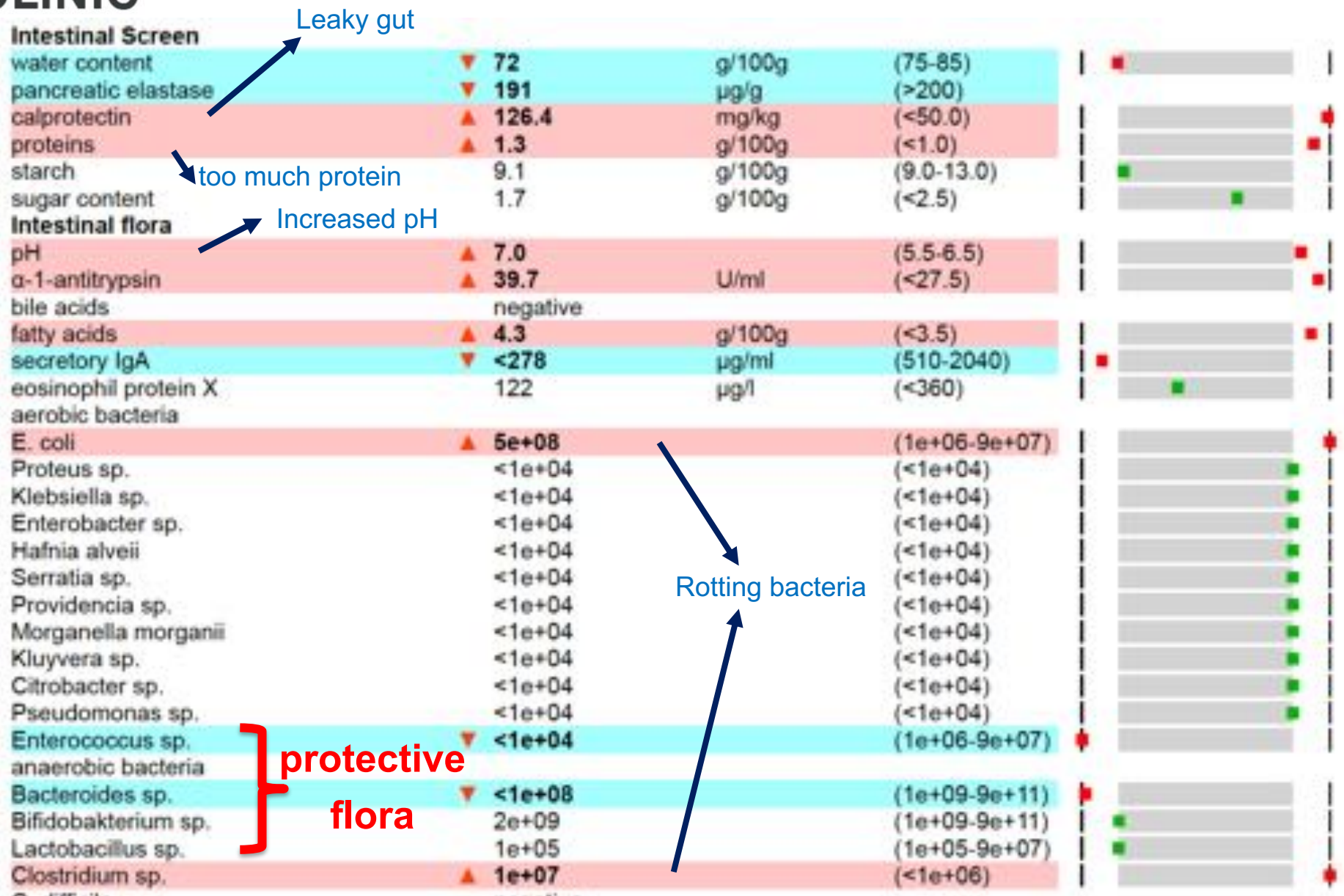
Intestinal Check: micro-ecological stool analysis



Intestinal Screen				
water content	▼	**72**	g/100g	(75-85)
pancreatic elastase	▼	**191**	µg/g	(>200)
calprotectin	▲	**126.4**	mg/kg	(<50.0)
proteins	▲	**1.3**	g/100g	(<1.0)
starch		9.1	g/100g	(9.0-13.0)
sugar content		1.7	g/100g	(<2.5)
Intestinal flora				
pH	▲	**7.0**		(5.5-6.5)
α-1-antitrypsin	▲	**39.7**	U/ml	(<27.5)
bile acids		negative		
fatty acids	▲	**4.3**	g/100g	(<3.5)
secretory IgA	▼	**<278**	µg/ml	(510-2040)
eosinophil protein X		122	µg/l	(<360)
aerobic bacteria				
E. coli	▲	**5e+08**		(1e+06-9e+07)
Proteus sp.		<1e+04		(<1e+04)
Klebsiella sp.		<1e+04		(<1e+04)
Enterobacter sp.		<1e+04		(<1e+04)
Hafnia alveii		<1e+04		(<1e+04)
Serratia sp.		<1e+04		(<1e+04)
Providencia sp.		<1e+04		(<1e+04)
Morganella morganii		<1e+04		(<1e+04)
Kluyvera sp.		<1e+04		(<1e+04)
Citrobacter sp.		<1e+04		(<1e+04)
Pseudomonas sp.		<1e+04		(<1e+04)
Enterococcus sp.	▼	**<1e+04**		(1e+06-9e+07)
anaerobic bacteria				
Bacteroides sp.	▼	**<1e+08**		(1e+09-9e+11)
Bifidobakterium sp.		2e+09		(1e+09-9e+11)
Lactobacillus sp.		1e+05		(1e+05-9e+07)
Clostridium sp.	▲	**1e+07**		(<1e+06)

Cytokines

(Degree of inflammation)

medical report

Diary no. 0326627593 | date of birth 18.09.1974 | Institut für Medizinische Diagnostik Nicolaistraße 22, 12247 Berlin (Steglitz) Tel.: 030 770 01-220 Fax: 030 770 01-226

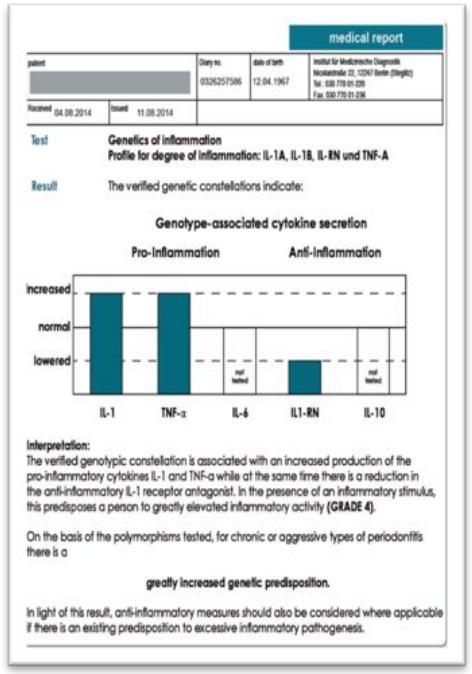
received 15.09.2014 | issued 18.09.2014

Reactivity mercaptans/thioether

	Result	Unit	Ref. Range
IFN-γ stimulated	15.8	pg/ml	< 0.2
IL-10 stimulated	< 10	pg/ml	< 10

The immunological results reveal a TH1-dominant cytokine response to the protein decay products mercaptans and thioether.
With corresponding clinical symptoms this result indicates a local or systemic inflammation which is sustained with exposure.

Cytokine RCT



medical report

Diary no. 0326257586 | date of birth 12.04.1967 | Institut für Medizinische Diagnostik Nicolaistraße 22, 12247 Berlin (Steglitz) Tel.: 030 770 01-220 Fax: 030 770 01-226

received 04.08.2014 | issued 11.08.2014

Test: Genetics of inflammation
Profile for degree of inflammation: IL-1A, IL-1B, IL-RN und TNF-A

Result: The verified genetic constellations indicate:

Genotype-associated cytokine secretion

Interpretation:
The verified genotypic constellation is associated with an increased production of the pro-inflammatory cytokines IL-1 and TNF-α while at the same time there is a reduction in the anti-inflammatory IL-1 receptor antagonist. In the presence of an inflammatory stimulus, this predisposes a person to greatly elevated inflammatory activity (GRADE 4).

On the basis of the polymorphisms tested, for chronic or aggressive types of periodontitis there is a

greatly increased genetic predisposition.

In light of this result, anti-inflammatory measures should also be considered where applicable if there is an existing predisposition to excessive inflammatory pathogenesis.

Cytokine Secretion

PARACELSUS CLINIC

Unilabs

Herr Wüst Alain
04.03.1994 (M)
Niederfelbenweg 17
8702 Zollikon

Auftragsnummer: 1300870092
KG-Nummer/Pat. Nr.: 73411
Entnahme: 03.10.2016 07:43
Auftragseingang: 03.10.2016 14:17
Auftragsausgang: 10.10.2016 18:10

Herr Dr. med.
Ralf Oettmeier
Paracelsus-Klinik
Postfach 162
9053 Teufen AR

Einzelbefund

Analyse	Ergebnis	Einheit	Referenzbereich
Immunologie Diverse			
Rantes Chemokin *	H 46.1	ng/ml	<30

Der vorläufige Normwert von <30 ng/ml bezieht sich auf die Fragestellung „Systemische Entzündung bei V.a. Kieferosteitis/NICO".

Medizinisch validiert durch:

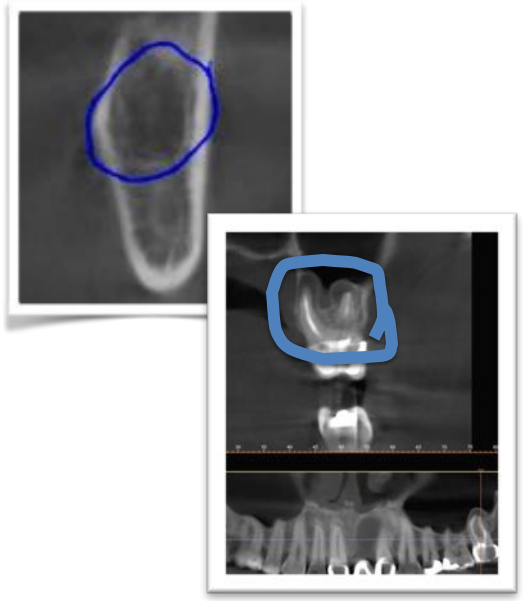
Cytokine RANTES

Reference: **Jacobi Gresser E et al.,** J Biol Regul Homeost Agents. 2015 Jan-Mar;29(1):73-84. Methyl mercaptan and hydrogen sulfide products stimulate proinflammatory cytokines in patients with necrotic pulp tissue and endodontically treated teeth. **Battharai G et al.,** PPARγ delivered by Ch-GNPs onto titanium surfaces inhibits implant-induced inflammation and induces bone mineralization of MC-3T3E1 osteoblast-like cells.Clin Oral Implants Res. 2013 Oct;24(10):1101-9. **Lechner J et al.,** Chemokine RANTES/CCL5 as an unknown link between wound healing in the jawbone and systemic disease: is prediction and tailored treatments in the horizon? EPMA J. 2015 May 6;6(1):10. + Peripheral Neuropathic Facial/Trigeminal Pain and RANTES/CCL5 in Jawbone Cavitation. Evid Based Complement Alternat Med. 2015;2015:582520. + Hyperactivated Signaling Pathways of Chemokine RANTES/CCL5 in Osteopathies of Jawbone in Breast Cancer Patients-Case Report and Research. Breast Cancer (Auckl). 2014 May 21;8:89-96.

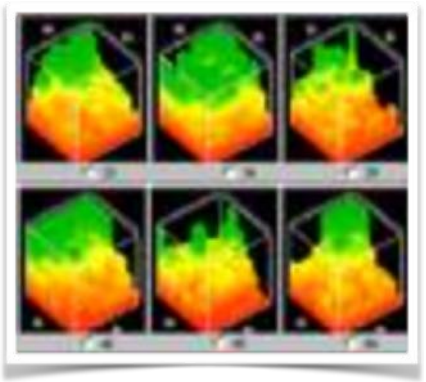
OPG/CBCT / Cavitat

(Degree of inflammation)

OPG



better **DVT**
(3D scan)



CAVITAT scan (computer based ultrasonic device, evidence based, FDA approved)
—> **no changes**
—> **osteonecrotic areas**
—> **cavities**

Reference: **Lechner J et al.,** Validation of dental X-ray by cytokine RANTES - comparison of X-ray findings with cytokine overexpression in jawbone. Clin Cosmet Investig Dent. 2014 Aug 21;6:71-9. **De Paula-Silva FW et al.,**. Accuracy of periapical radiography and cone-beam computed tomography scans in diagnosing apical periodontitis using histopathological findings as a gold standard, J Endod. 2009 Jul;35(7):1009-1.2 **Shankland WE et al.,** Focal osteoporotic marrow defect: report of 100 new cases with ultrasonography scans. Cranio. 2004 Oct;22(4):314-9.

ALPSTEINCLINIC

Dental Interference fields

Dental Foci

Dental Metals/Materials

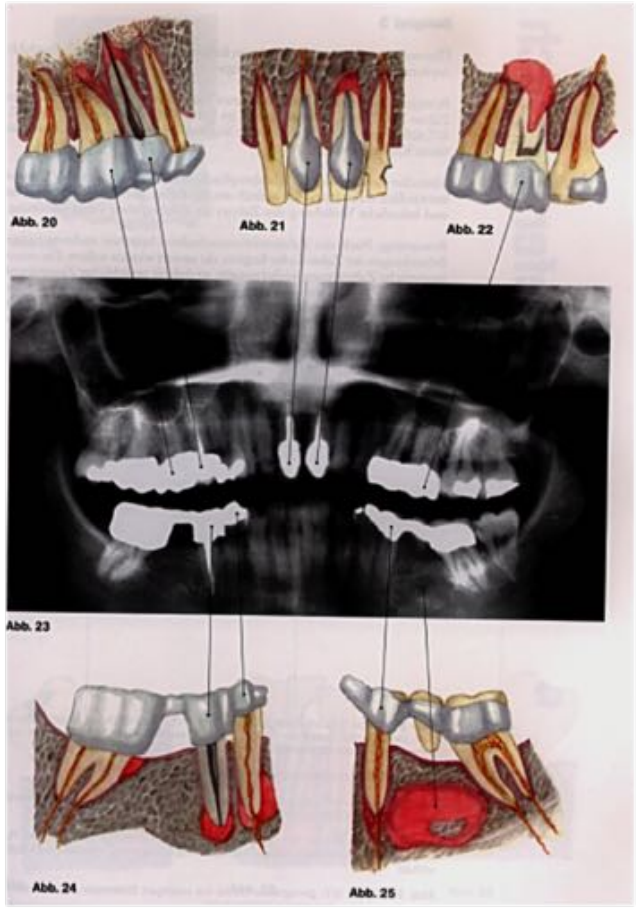
Periodontitis

Root Canal Treated Teeth/Dead Teeth

Jaw Cavitations (Osteonecrosis of the jaw)

ALPSTEINCLINIC

Dental Field of Disturbance

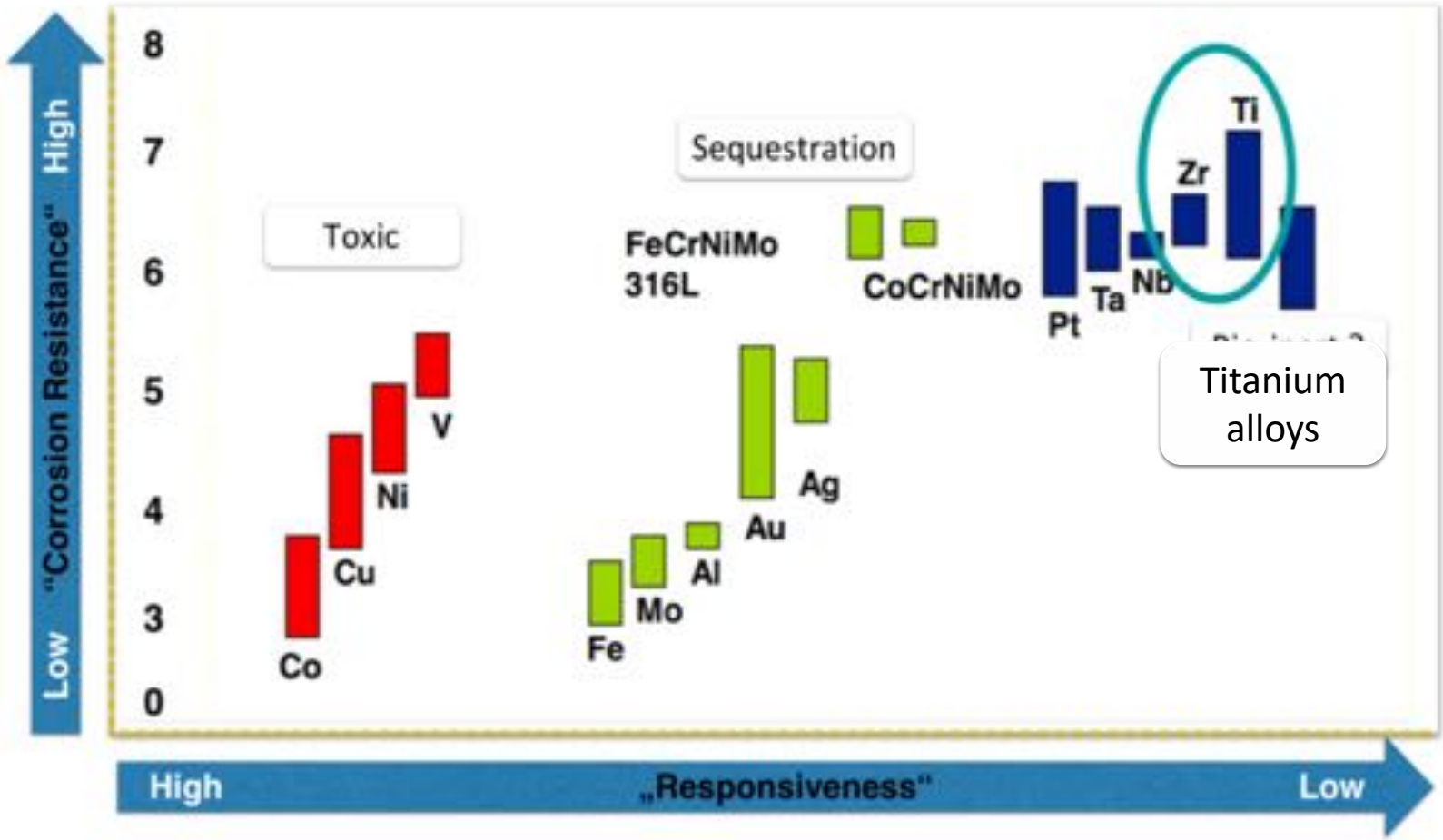


← Dental Foci

→

Systemic Spread

Corrosion Tendency of Dental Metals



ALPSTEINCLINIC

1. Dental Metals & Materials

Mercury, Gold, Platinum, Palladium, Silver, Copper, Nickel, Chrome, Cobalt, Molybdenium, Iron, Manganese, Zinc (used for root canal filling material) and Titanium

Physical attributes of dental metals lead to galvanic corrosion, oxidization and ion release (1,2,3)

ATSDR Agency for Toxic Substances & Disease Registry

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Priority List of Hazardous Substances

The ATSDR 2013 Substance Priority List

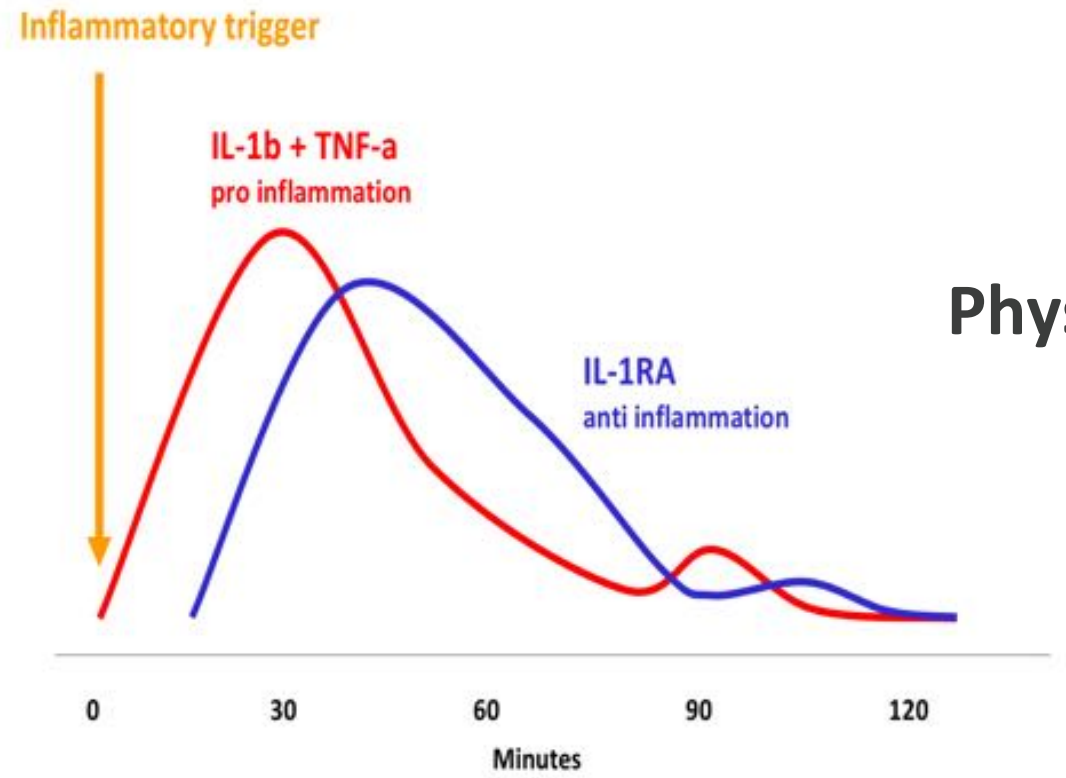
2013 RANK	SUBSTANCE NAME	TOTAL POINTS	2011 RANK	CAS RN
1	ARSENIC	1670.4	1	007440-38-2
2	LEAD	1529.2	2	007439-92-1
3	MERCURY	1458.6	3	007439-97-6
51	COBALT	1011.7	52	007440-48-4
57	NICKEL	996.2	57	007440-02-0
75	ZINC	915.5	75	007440-66-6
78	CHROMIUM	896.4	78	007440-47-3
118	COPPER	806.9	125	007440-50-8
139	MANGANESE	798.8	140	007439-96-5
171	PALLADIUM	705.3	171	007440-05-3
219	SILVER	605.4	217	007440-22-4

A) Toxicity of dental metals

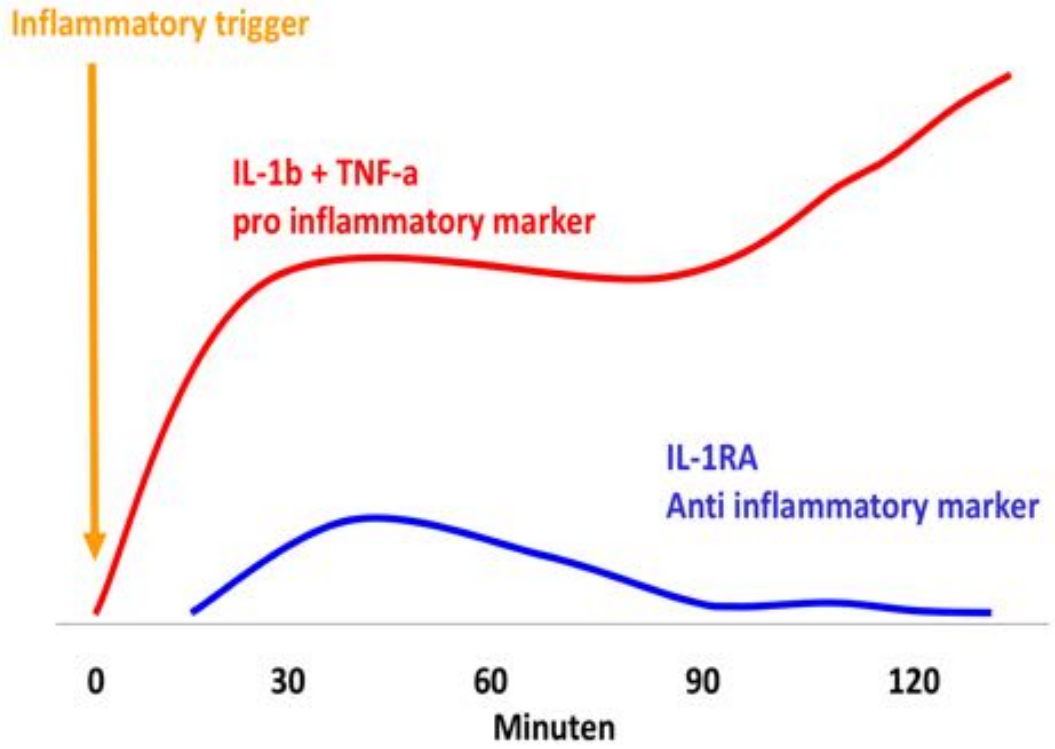
B) Immunological response to dental metals

C) "Galvanism"/Electrosensitivity/Electrosmog

Reference: 1) Research based results of Prof. Reppel, Oehmichen, Klötzer und Geis - Gerstorfer. 2) **Muris et al.,** Micro analysis of metals in dental restorations as part of a diagnostic approach in metal allergies, Neuro Endocrinol Lett 2006; 27(Suppl 1): 49-52, 3) **Stejskal et al.,** Increased frequency of delayed type hypersensitivity to metals in patients with connective tissue disease, Journal of Trace Elements in Medicine and Biology, 2015 Jan



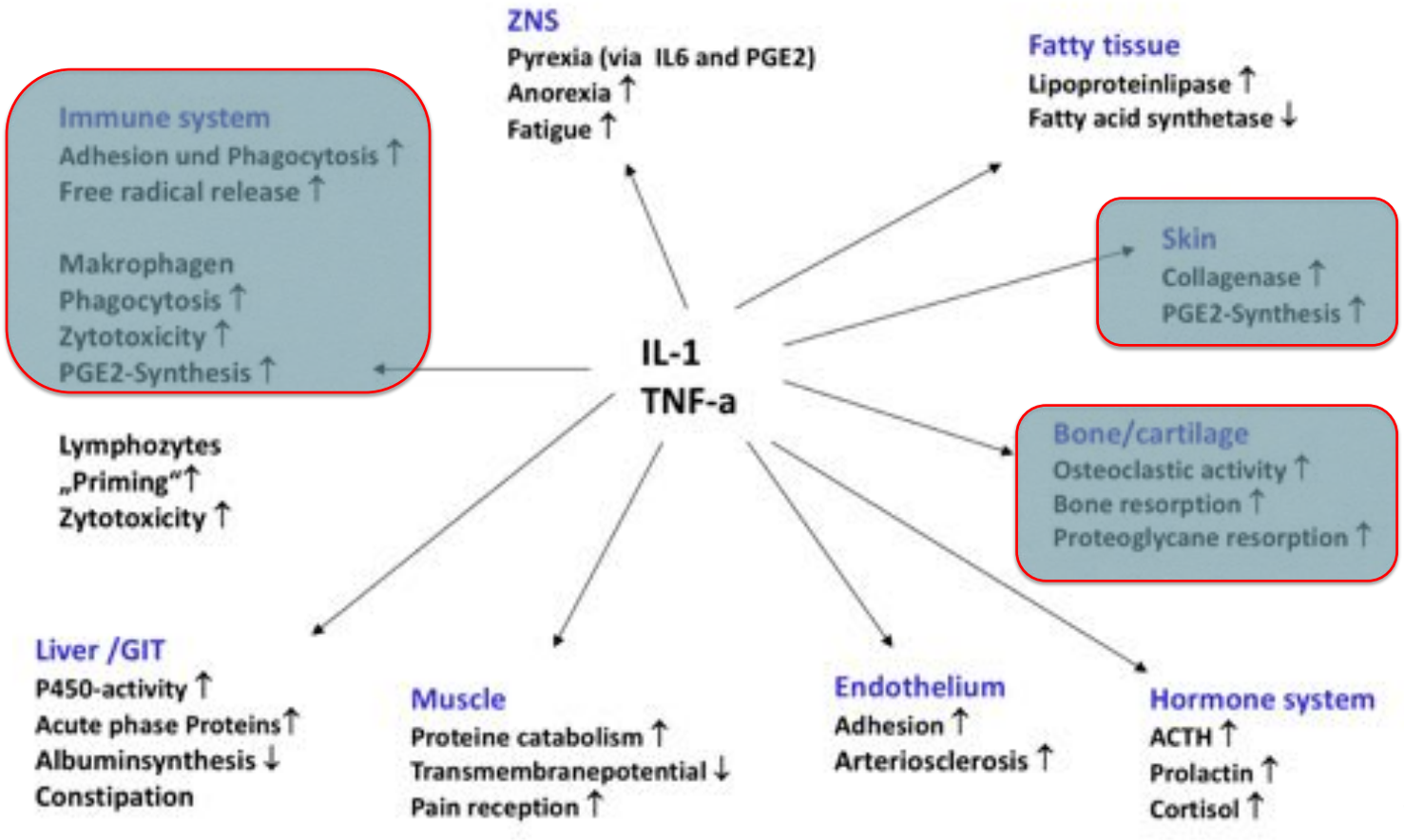
Physiological !



Atypical/

Unphysiological !

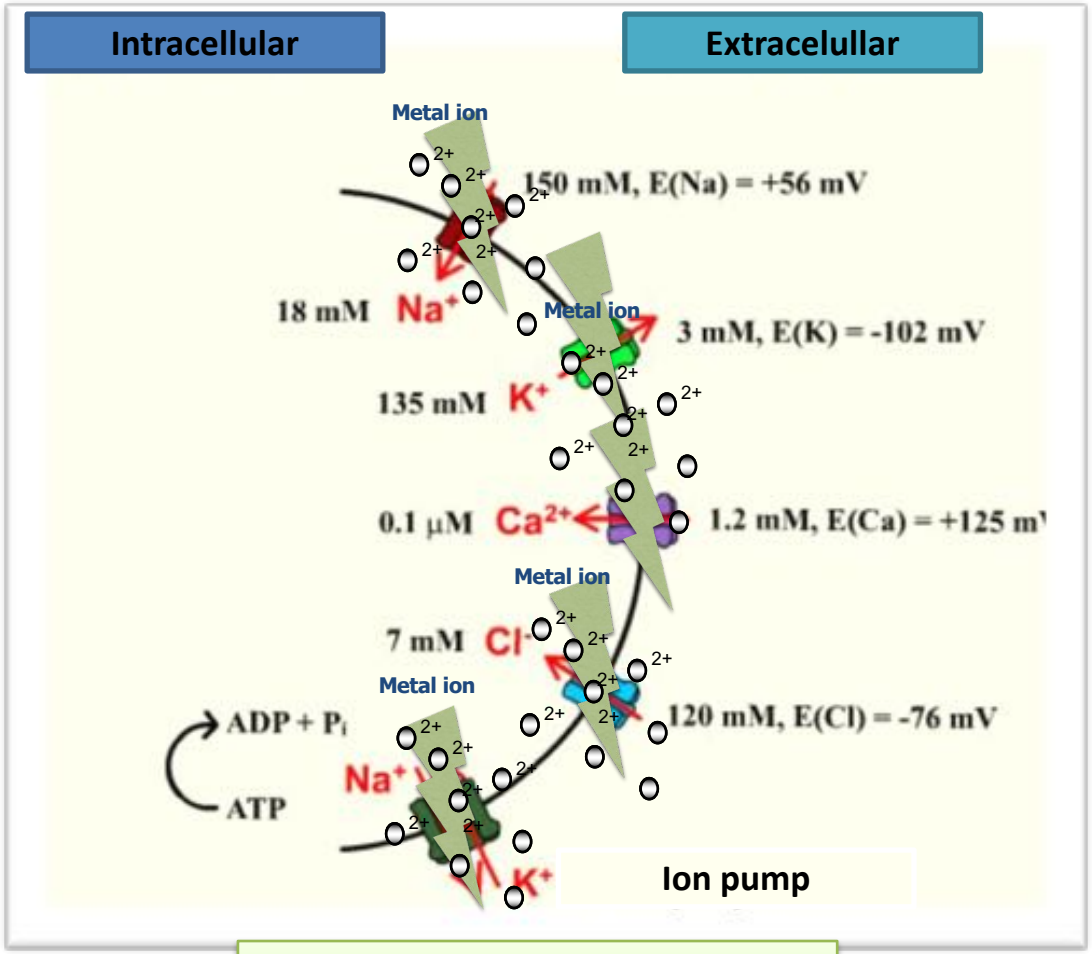
Local and systemic symptoms linked to immune mechanisms



ALPSTEINCLINIC

C)Electrosensitivity/Galvanism

.....leads to cell membrane changes due to ionic discharge



Interruption of regular cell membrane voltage !!!!!!

ALPSTEINCLINIC

.....leads to neurovegetative symptoms

Tinnitus (22)

Somatic disorders: agitated states , stress, depression, dizziness (23)

Sleeping disorders, headaches, lack of concentration capability (24)

Infertility (25)

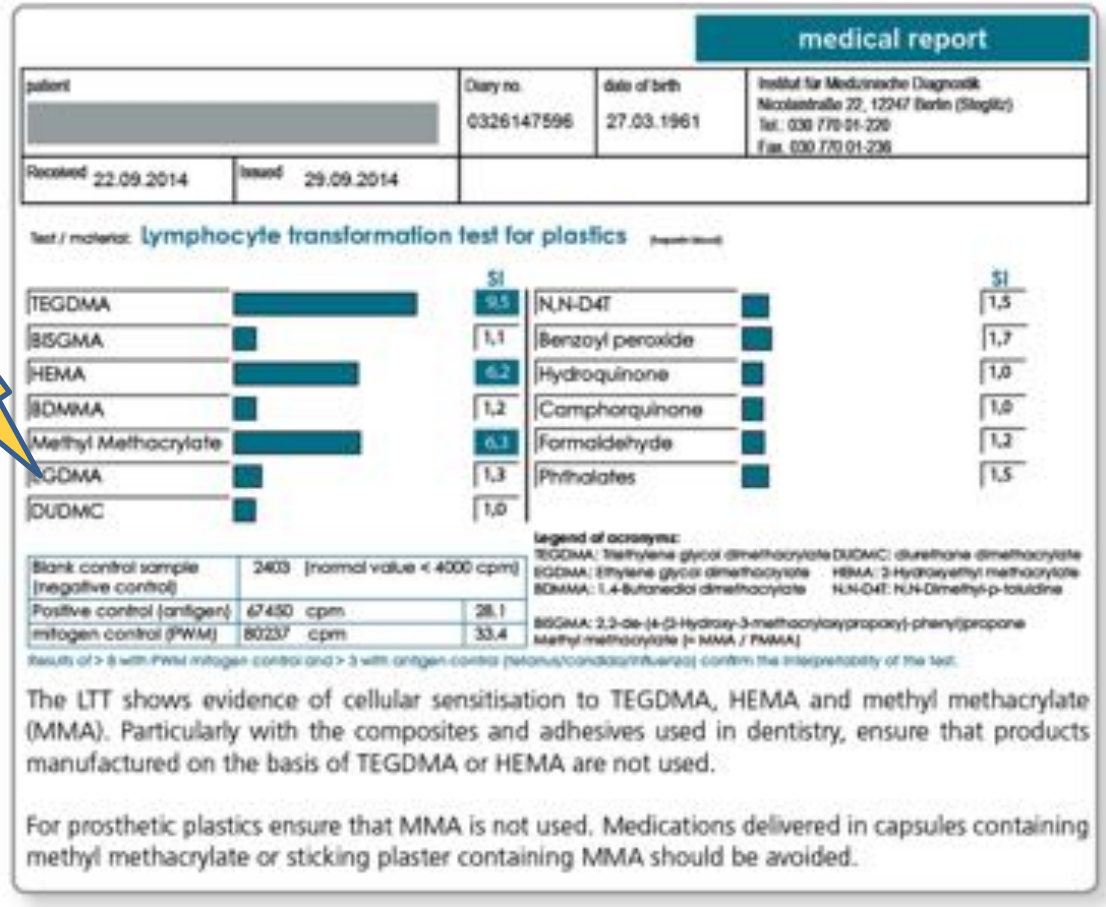
Reference: 22) **Medeiros et al. 2016 -** Tinnitus and cell phones: the role of electromagnetic radiofrequency radiation. 23) **Johansson et al. 2010** - Symptoms, personality traits, and stress in people with mobile phone-related symptoms and electromagnetic hypersensitivity. 24) **Röösli et al. 2004** - Symptoms of ill health ascribed to electromagnetic field exposure--a questionnaire survey. 25) **Roshangar et al. 2014** - Effect of low-frequency electromagnetic field exposure on oocyte differentiation and follicular development.

- Not to forget..... !
- Composite filling materials
  - contains organic matrix
  - contains inorganic fillers
  - contains coupling agent for bonding

ALPSTEINCLINIC

Composition

Resin Formulation	
Component	*Final wt %*
Bis-GMA	24.51%
Urethane Dimethacrylate	34.32%
BisEMA6 (Sartomer CD541)	34.32%
TEGDMA	4.90%
Camphorquinone	0.25%
Diphenyliodonium hexafluorphosphate	0.50%
Ethylaminobenzoate	1.00%
Butylated hydroxytoluene	0.10%
2-(2'-Hydroxy-5'-methylphenyl)-H-benzotriazole (Ciba-Geigy)	0.10%



medical report

patient

Diary no. 0326147596

date of birth 27.03.1961

Institut für Medizinische Diagnostik
Nicolaistraße 22, 12247 Berlin (Steglitz)
tel.: 030 770 01-220
fax: 030 770 01-236

Received 22.09.2014 Issued 29.09.2014

Test / material: Lymphocyte transformation test for plastics

	SI		SI
TEGDMA	9,5	N,N-D4T	1,5
BISGMA	1,1	Benzoyl peroxide	1,7
HEMA	6,2	Hydroquinone	1,0
BDMMA	1,2	Camphorquinone	1,0
Methyl Methacrylate	6,3	Formaldehyde	1,2
EGDMA	1,3	Phthalates	1,5
DUDMC	1,0		

Blank control sample (negative control)	2403 (normal value < 4000 cpm)	
Positive control (antigen)	67450 cpm	28.1
mitogen control (PWM)	80237 cpm	33.4

Legend of acronyms:
TEGDMA: Triethylene glycol dimethacrylate DUDMC: diurethane dimethacrylate
EGDMA: Ethylene glycol dimethacrylate HEMA: 2-Hydroxyethyl methacrylate
BDMMA: 1,4-Butanediol dimethacrylate N,N-D4T: N,N-Dimethyl-p-toluidine
BISGMA: 2,2-bis-[4-(3-Hydroxy-3-methacryloxypropoxy)-phenyl]propane
Methyl methacrylate (= MMA / PMMA)

Results of > 8 with PWM mitogen control and > 3 with antigen control (tetanus/candida/influenza) confirm the interpretability of the test.

The LTT shows evidence of cellular sensitisation to TEGDMA, HEMA and methyl methacrylate (MMA). Particularly with the composites and adhesives used in dentistry, ensure that products manufactured on the basis of TEGDMA or HEMA are not used.

For prosthetic plastics ensure that MMA is not used. Medications delivered in capsules containing methyl methacrylate or sticking plaster containing MMA should be avoided.

ALPSTEINCLINIC

Consequences (1-7)

Locally: **Cytotoxicity & Cell Death**

→ On Dentin proliferation & growth

→ Dental pulp cells

Systemically: **Allergic Reactions**

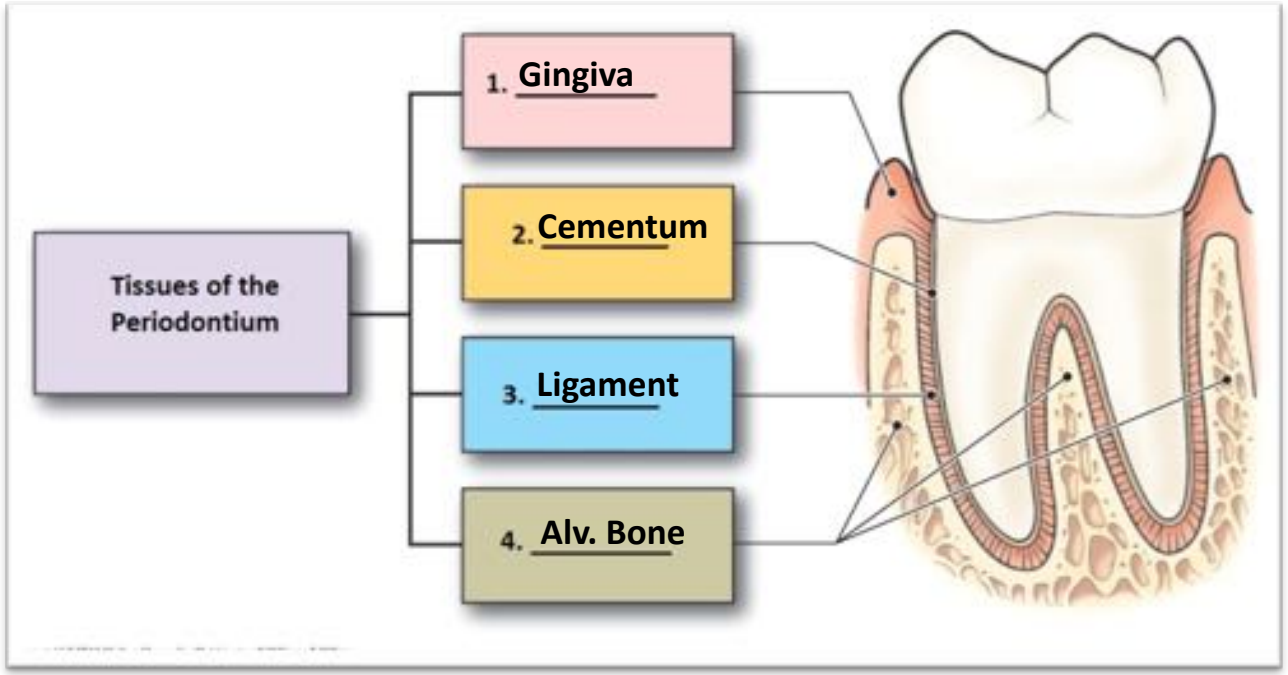
→ Rash

→ Contact dermatitis

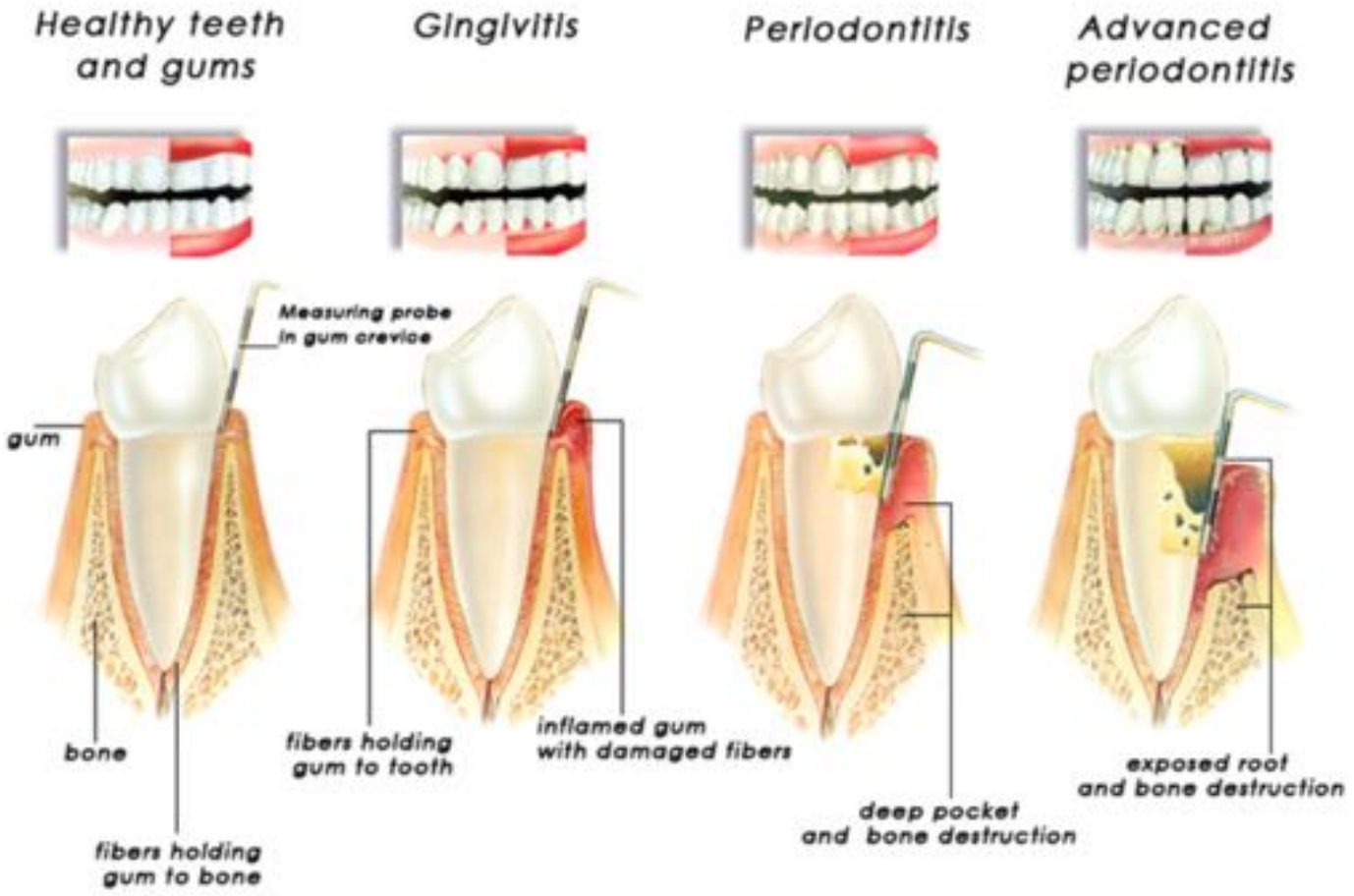
1. Öncel Torun Z, Torun D, Baykal B, Öztuna A, Yeşildal F, Avcu F. Effects oftriethylene glycol dimethacrylate (TEGDMA) on the odontoclastic differentiationability of human dental pulp cells. J Appl Oral Sci. 2017 Nov-Dec;25(6):631-640. PubMed PMID: 29211284; PubMed Central PMCID:PMC5701533.2: Chang HH, Chang MC, Huang GF, Wang YL, Chan CP, Wang TM, Lin PS, Jeng JH.Effect of triethylene glycol dimethacrylate on the cytotoxicity, cyclooxygenase-2expression and prostanoids production in human dental pulp cells. Int Endod J.2012 Sep;45(9):848-58. PMID: 22486746.3: Yeh CC, Chang JZ, Yang WH, Chang HH, Lai EH, Kuo MY. NADPH oxidase 4 isinvolved in the triethylene glycol dimethacrylate-induced reactive oxygen speciesand apoptosis in human embryonic palatal mesenchymal and dental pulp cells. Clin Oral Investig. 2015 Jul;19(6):1463-71. PubMed PMID: 25467236. 4: Kwon JH, Park HC, Zhu T, Yang HC. Inhibition of odontogenic differentiation ofhuman dental pulp cells by dental resin monomers. Biomater Res. 2015 Apr 10;PubMed PMID: 26331079; PubMedCentral PMCID: PMC4552402. 5: Salehi S, Gwinner F, Mitchell JC, Pfeifer C, Ferracane JL. Cytotoxicity ofresin composites containing bioactive glass fillers. Dent Mater. 2015Feb;31(2):195-203. PubMedPMID: 25564110; PubMed Central PMCID: PMC4448918. 6: Lyapina M, Dencheva M, Krasteva A, Tzekova M, Kisselova-Yaneva A. Concomitant contact allergy to formaldehyde and methacrylic monomers in students of dentalmedicine and dental patients. Int J Occup Med Environ Health. 2014Oct;27(5):797-807PubMed PMID:25323987. 7: Ratanasathien S, Wataha JC, Hanks CT, Dennison JB. Cytotoxic interactiveeffects of dentin bonding components on mouse fibroblasts. J Dent Res. 1995Sep;74(9):1602-6. PubMed PMID: 7560423.

2. Periodontitis

is caused by bacterial overload, presenting itself by irreversible destruction of the periodontium (soft and hard tissue).

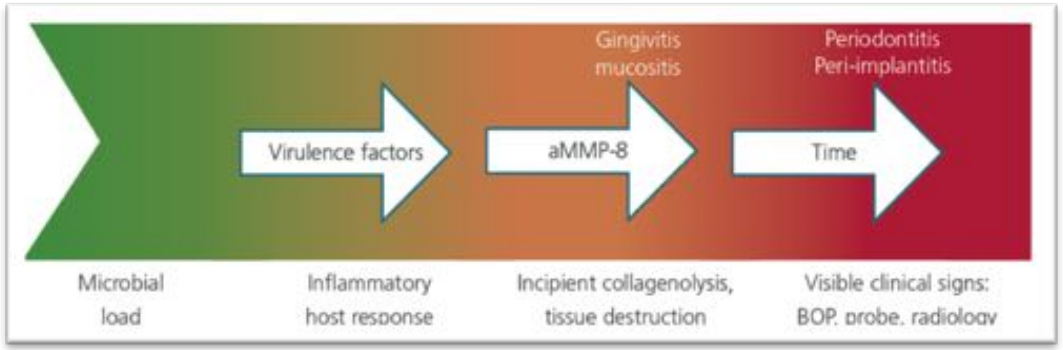


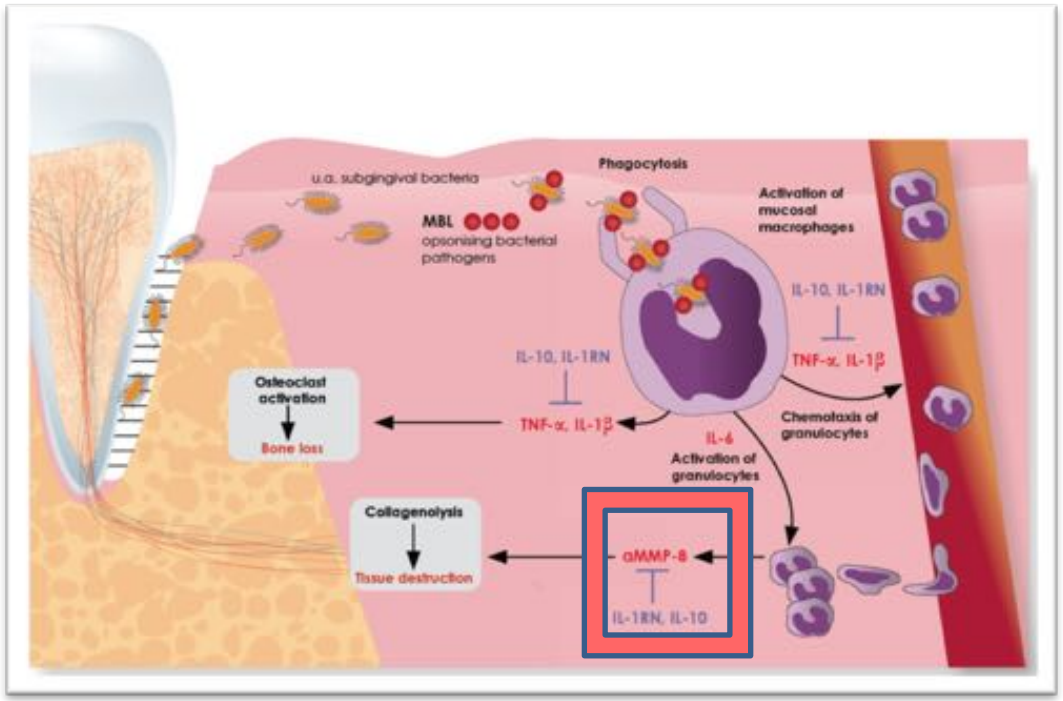
From Gingivitis to Periodontitis.....



Source: http://www.dcd.hr

Periodontitis





3. Root Canal Treatment/Endodontics

Weston-Price Research

Dr. Weston Price

described finding bacterial growth in root canals that could be transferred from humans into animals and *create the same diseases of the donor human in from 80 to 100% of the animals*.

Limitations

..... anatomical, immunological and mechanical **limitations** (47)

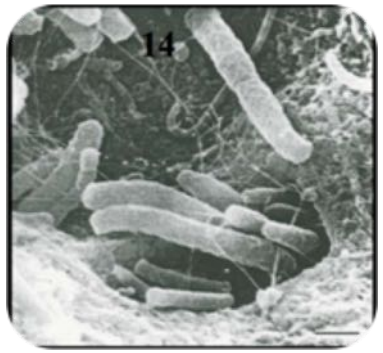
no blood supply, no lymphatics, no nerve tissue - no immune system (loss of odontoblast function —> unprotected tubuli) (48,49)

great habitat for anaerobic bacteria (50,51) producing

Toxins

Reference: 47) **Barone C et. al.,** Treatment outcome in endodontics: the Toronto study--phases 3, 4, and 5: apical surgery. J Endod. 2010 Jan;36(1):28-35. 48) **Gomes, M. et al.,** Can Apical Periodontitis Modify Systemic Levels of Inflammatory Markers? A Systematic ReviewandMetaanalysis.J Endod39,1205(2013). 49) **Wu, M. et al.,** Consequences of and strategies to deal with residual post-treatment root canal infection. International Endodontic J ournal (2006). 50) **Richardson N et al.,** Microflora in teeth associated with apical periodontitis: a methodological observational study comparing two protocols and three microscopy techniques. International Endodontic Journal 2009 October; Vol. 42(10): 908-21 51) **J.F. Siqueira, et. al.,** Bacteria in the apical root canal of teeth with primary apical periodontitis. Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontology May 2009; Vol. 107 (5): 721-726

Toxins



Bacterias produce toxic metabolites —> carcinogenic hydrogen sulfur compounds
(Thioether/Mercaptane → IL-10, INF γ) (52)

Toxins cause local and systemic diseases by triggering an **immune response** (53)

Immune Response

Local: adjacent to teeth structures causing **cystic lesions**, **abscesses** and **jaw cavitations** (54-56)

Systemic: Increase in inflammatory markers/cytokines **(TNF α, IL 1ß, RANTES)** circulate through the blood system —> **chronic inflammation** (low pH reduced oxygen saturation/oxidative stress), **Cell Proliferation** (57-62)

Reference 52) **Persson S et al.,**The Formation of hydrogen sulfide and methyl mercaptan by oral bacteria. Oral Microbiology and Immunology 1990 August; Vol. 5 (4): 195-201 53) **Lechner J et al.**, Mehrdimensionale Systemdiagnose des wurzelgefüllten Zahnes. ZWR-Das Deutsche Zahnärzteblatt 2012; Vol. 121(12): 640-644 54) **Sousa EL et. al.,**Macrophage Cell Activation with Acute Apical Abscess Contents Determined by Interleukin-1 Beta and Tumor Necrosis Factor Alpha Production. J Endod. 2014 Sep 6. 55) **Martinho FC et. al.,** Signaling pathways activation by primary endodontic infectious contents and production of inflammatory mediators. J Endod. 2014 Apr;40(4):484-9. 56) **Marciel KF et. al.**,Cytokine expression in response to root canal infection in gnotobiotic mice. Int Endod J. 2012 Apr;45(4):354-62. 57) **Hernadi K et. al.,** Elevated tumor necrosis factor-alpha expression in periapical lesions infected by Epstein-Barr virus. J Endod. 2013 Apr;39(4):456-60. 58) **Marton IJ et. al.**,Differential in situ distribution of interleukin-8, monocyte chemoattractant protein-1 and Rantes in human chronic periapical granuloma. Oral Microbiol Immunol. 2000 Feb;15(1):63-5. 59) **Martinho FC et. al.,** Antigenic activity of bacterial endodontic contents from primary root canal infection with periapical lesions against macrophage in the release of interleukin-1beta and tumor necrosis factor alpha. J Endod. 2010 Sep;36(9):1467-74. 60) **De Brito LC et.al.**,Immunological profile of periapical endodontic infections from HIV- and HIV+ patients. Int Endod J. 2014 Jul 29. 61) **Lechner J et. al.,** RANTES and fibroblast growth factor 2 in jawbone cavitations: triggers for systemic disease Int J Gen Med. 2013 Apr 22;6:277-90. 62) **Tripi TR et. al.**,Proliferative activity in periapical lesions. Aust Endod J. 2003 Apr;29(1):31-3.

Cell Proliferation

inflammatory markers/cytokines (e.g. TNF alpha, IL 1β, RANTES)

uncontrolled cell proliferation —> **Cancer formation ?**

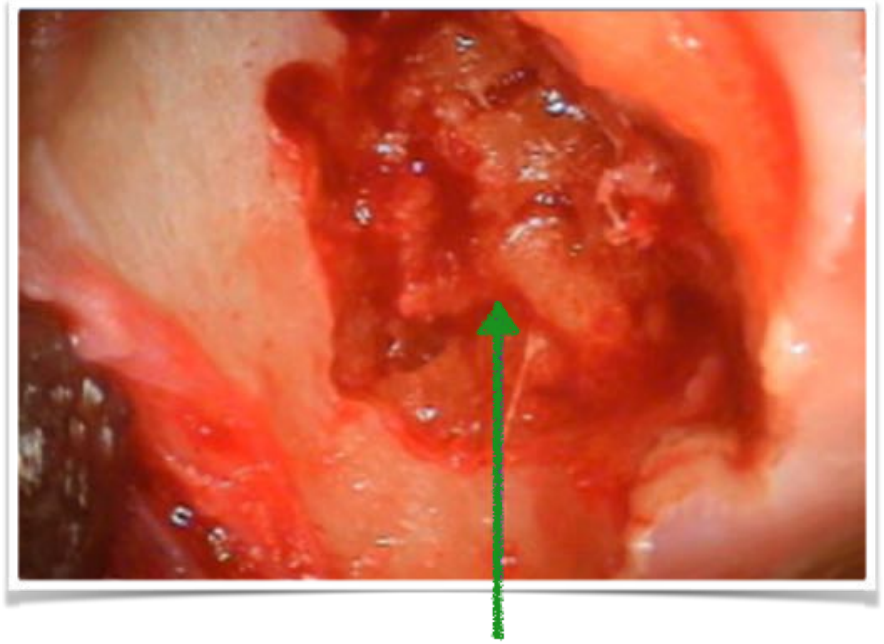
Breast, Bladder, Prostate,Cervix (63-69)

Vital teeth (pulp!) are much more resistant to bacterial invasion than nonvital/ root canal treated teeth (70)

The vital pulp plays an important role in the prevention of bacterial invasion and therefore protection !

Reference: 63) **Lechner J et. al.,**Hyperactivated Signaling Pathways of Chemokine RANTES/CCL5 in Osteopathies of Jawbone in Breast Cancer Patients-Case Report and Research. Breast Cancer (Auckl). 2014 May 21;8:89-96. 64) **Karakaxas D et. al.,** Genetic polymorphisms of inflammatory response gene TNF-α and its influence on sporadic pancreatic neuroendocrine tumors predisposition risk. Med Oncol. 2014 Oct;31(10):241. 65) **Thompson DB et. al.,** Immunological basis in the pathogenesis and treatment of bladder cancer. Expert Rev Clin Immunol. 2014 Nov 13:1-15. 66) **Bigatto V et. al.,** TNF-α promotes invasive growth through the MET signaling pathway. Mol Oncol. 2014 Sep 26. pii: S1574-7891(14)00215-4. 67) **FU XT et. al.,**Macrophage-secreted IL-8 induces epithelial-mesenchymal transition in hepatocellular carcinoma cells by activating the JAK2/STAT3/Snail pathway. Int J Oncol. 2014 Nov 18. 68) **Singhal P et. al.,** Association of IL-10 GTC haplotype with serum level and HPV infection in the development of cervical carcinoma. Tumour Biol. 2014 Nov 21. 69) **Lei YM et. al.**, Interleukin-1β -mediated suppression of microRNA-101 and upregulation of enhancer of zeste homolog 2 is involved in particle-induced lung cancer. Med Oncol. 2015 Jan;32(1):387. 70) **Nagaoka S et al.,** Bacterial invasion into dentinal tubules of human vital and nonvital teeth. J Endod. 1995 Feb;21(2):70-3.

4. Jaw Cavitation (JC)
Neuralgia inducing cavitational osteonecrosis (NICO)



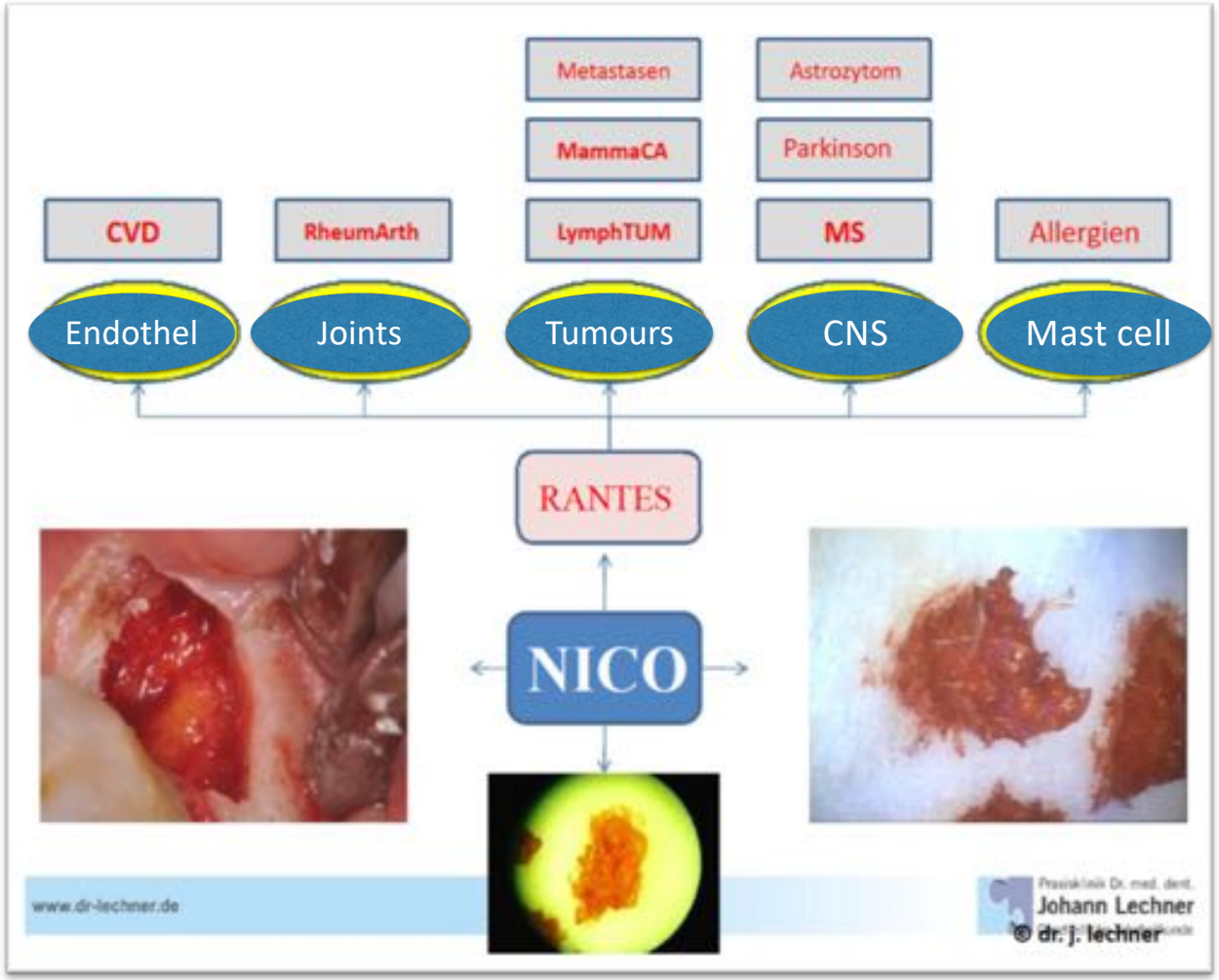
„ fatty degenerative osteonecrosis“
anaerobic bacterias
—> Toxins !

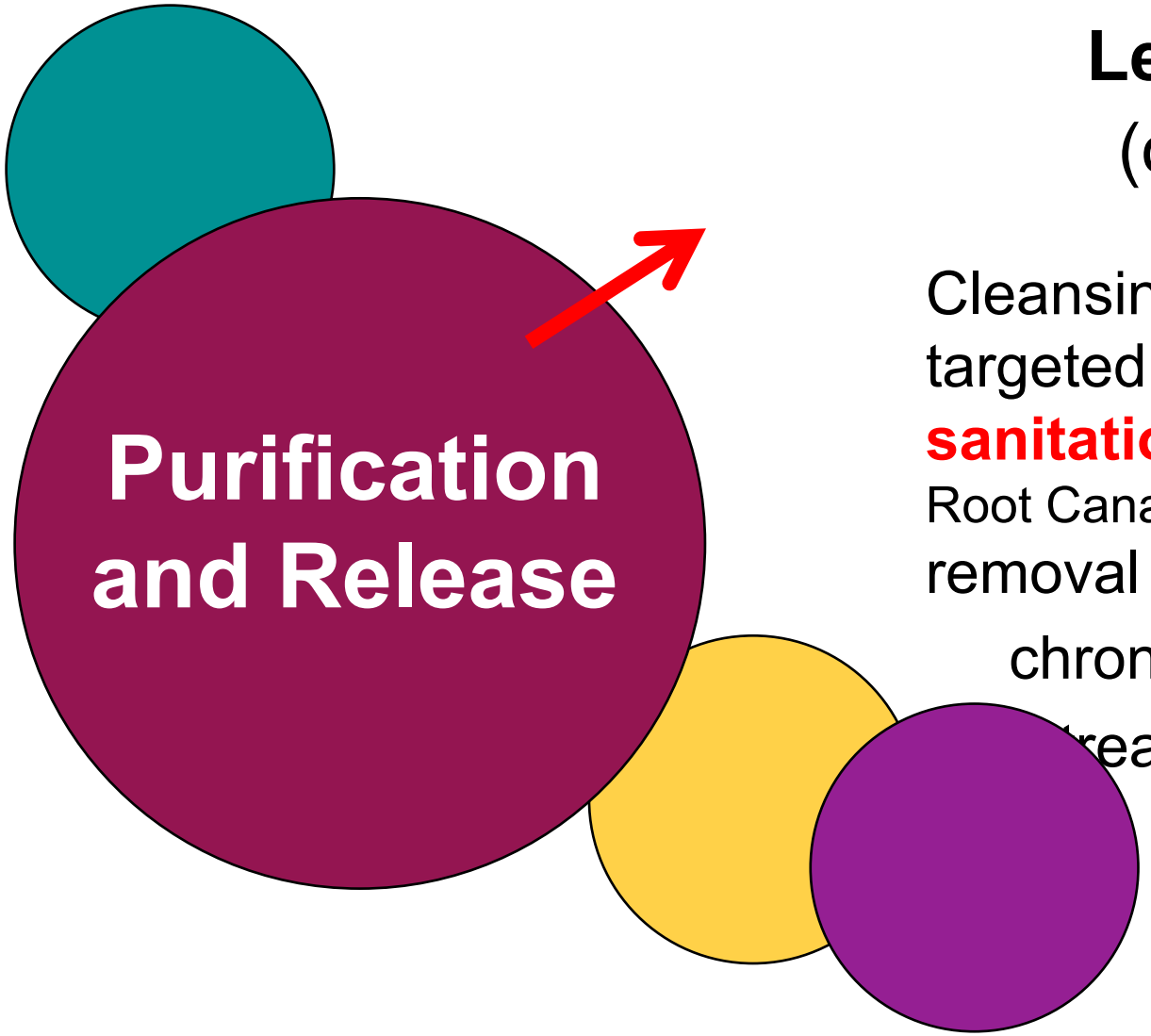
Symptoms

Locally: focal inflammation
—> painless (1)
—> toxin **—>** facial neuralgia/pain (2,3)
—> no swelling
—> no pus formation
—> ischaemic nonresorbing necrotic bone flakes with cavity formation(4)
—> *microscopic features:*
dense marrow fibrosis,
smudged tissue (5)

Systemically: Action at distance on other organs/organ systems

Reference: 1) **Bouquot JE et al.,** Ischemia and infarction of the jaws--the "phantom" pain of NICO. Cranio. 1994 Jul;12(3):138-9. + 2) Long-term effects of jawbone curettage on the pain of facial neuralgia. J Oral Maxillofac Surg. 1995 Apr;53(4):387-97; discussion 397-9 + 3) Neuropathic pain in maxillofacial osteonecrosis. J Oral Maxillofac Surg. 2000 Sep;58(9):1003-20.+ 4/5) Neuralgia-inducing cavitational osteonecrosis (NICO).Osteomyelitis in 224 jawbone samples from patients with facial neuralgia. Oral Surg Oral Med Oral Pathol. 1992 Mar;73(3):307-20


Metastasen
Astrozytom
MammaCA
Parkinson
CVD
RheumArth
LymphTUM
MS
Allergien
Endothel
Joints
Tumours
CNS
Mast cell
RANTES
NICO
www.dr-lechner.de
Johann Lechner
© dr. j. lechner



Let loose all inner waste

(of body, mind and soul)

Cleansing of inner organs and intestines, targeted detoxification and **tooth sanitation** (Metal Free Restoration, Removal of Root Canal Treated Teeth & Jaw Cavitations), removal of

chronic inflammations, holistic pain
reatment, BIO-IN^2 neural therapy,
psycho-mental detox and
emotional relief …

ALPSTEINCLINIC

The „Rain Barrel“-Effect

Inflow of Disease-causing Factors (Dental Foci e.g.)

Disease Symptoms
(when the barrel overflows)

Symptomatic Therapy
(superficial skim)

Fundamental Therapy
(causal, the„BioMed“-Driller)

Biological Treatment Approaches (BTA)

”Alpstein Clinic”

ALPSTEINCLINIC

Biological Treatment Approaches (BTA)

“Metal Removal”

ALPSTEINCLINIC

Protective measures for dental metal/materials removal & detoxification

! Interdisciplinary work between Doctor and Dentist !

Rubberdam & clean up suctioner

Oxygen

Na -Selenite

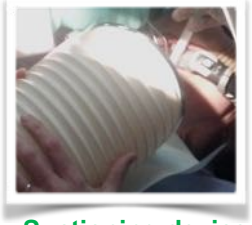
Solidago

Na - Thiosulfate

Cilantro

Pear shaped rough diamond, water, low rpm (15-20)

Protective gear



Suctioning device

„Metall Free“ - Ceramics

Holistic Detox and/or Build Up Infusions with Vitamins, Minerals and antioxidants, chelating agents for any dental intervention

Chlorella

DMPS - Chelation Therapy

Biological Treatment Approaches

Infusion Therapy

ALPSTEINCLINIC

Biological Treatment Approaches (BTA)

“Dental Surgery”

Biological Treatment Approaches

>> Vitamin D3 Hevert 4000 IU

Vitamin D3 Hevert - the power vitamin for bones, muscles, and immune defense

>> Lymphaden comp. – Rx Only

Hevert® Lymphaden comp., solution for injection, is a homeopathic drug for the improvement of conditions such as swelling of the lymph nodes, and lymphatic edema.

>> Sinusitis Hevert SL (Sinusitis Tablets)

Homeopathic medicine for inflammation of the nose and throat area

>> Arnica – Rx Only

Hevert® Arnica, solution for injection, is a homeopathic drug indicated for the treatment of muscle pain and stiffness, bruising and swelling due to injuries and overexertion.

>> Gelsemium comp. – Rx Only

Hevert® Gelsemium comp., solution for injection, is a homeopathic drug indicated for the improvement of painful nerve conditions, such as postherpetic neuralgia, trigeminal neuralgia, or sciatic nerve pain.

>> Pain Relief

Homeopathic medicine for the temporary relief of muscle pain and stiffness

1. Bone metabolism
2. Lymphatic drainage
3. Homeopathic antibiotics
4. Pain relief

Biological Treatment Approaches

>> Detox Liver
For temporary relief of liver and gallbladder symptoms

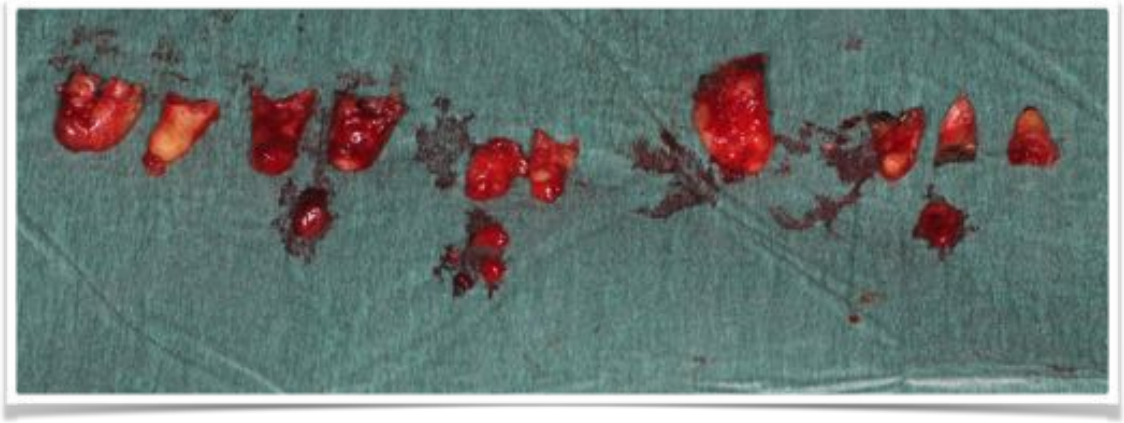
>> Detox Kidney
For temporary relief of kidney and urinary tract disorder symptoms: pain and burning sensations, and the urgency to urinate.

>> Detox Intestinum
For temporary relief of symptoms of upset stomach and indigestion

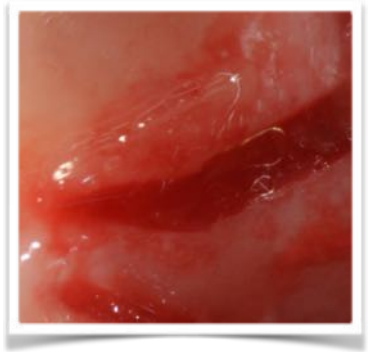
>> Hepar comp. – Rx Only
Hevert® Hepar comp., solution for injection, is a homeopathic drug indicated for the improvement of liver and biliary system disorders.

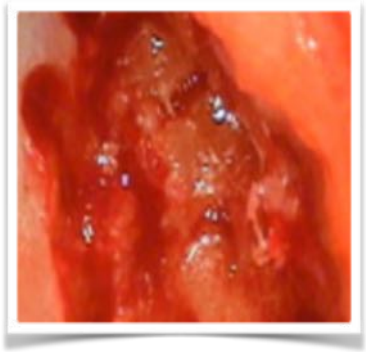
5. GI Flora, Milieu

Do not be suprised…….

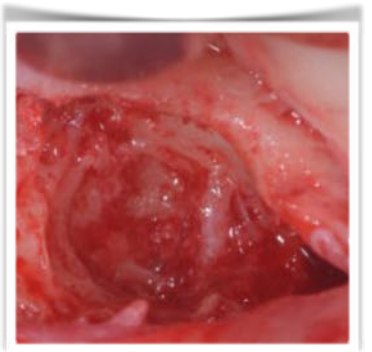


Treatment by Incision & Curretage /Pieoztherapy (6)





„Fatty vacuoles & soft smudged necrotic tissue“



Chronic Ostitis

What next ?

—> **Ozontherapy** (7)

—> **PRGF Therapy** (8)

—> **PNSA Therapy** (9)

Reference: 6) **Bouquot JE et al.**, Long-term effects of jawbone curettage on the pain of facial neuralgia. J Oral Maxillofac Surg. 1995 Apr;53(4):387-97; discussion 397-9, 7)**Nogales CG et al.,** Ozone therapy in medicine and dentistry.J Contemp Dent Pract. 2008 May 1;9(4):75-84. 8) **Mozzati M et al.,** Failure risk estimates after dental implants placement associated with plasma rich in growth factor-Endoret in osteoporotic women under bisphosphonate therapy J Craniofac Surg. 2015 May;26(3):749-55. 9) **Egli S et al.,** Long-term results of therapeutic local anesthesia (neural therapy) in 280 referred refractory chronic pain patients. BMC Complement Altern Med. 2015 Jun 27;15:200.

Biological Treatment Approaches

Neuraltherapy

0,5-1 ml **Procaine** (Steigerwald-free of additives)

Important additives:

- ***Myosotis*** *comp. HEEL*
- ***Ubichinon*** *comp. HEEL*
- ***Selenase*** *pro Inj.*
- ***Arnica*** *pro Inj.*
- ***Notakehl*** *D5* SANUM
- ***Fortakehl*** *D5* SANUM
- ***Hypericum*** *HEEL*
- ***Traumeel*** *HEEL*
- *Tonsilla suis HEEL*

Biological Treatment Approaches

PRGF
(Plasma Rich Growth Factor)

- release of a pool of biologically active growth factors (proteins)
- Promotion of a range of biological processes
- The therapeutic objective → improve **regenerative capacity** (cell recruitment, growth and differentiation)
- European (European CE mark) and American (FDA) Approval

1. Anitua E, Sánchez M, Orive G. Potential of endogenous regenerative technology for in situ regenerative medicine. Adv Drug Deliv Rev. 2010 Jun 15;62(7-8):741-52. 2. Leslie M. Cell biology. Beyond clotting: the powers of platelets. Science. 2010 Apr 30;328(5978):562-4. 3. Mozzati M et al., Surgical treatment of denture-induced fibrous hyperplasia with plasma rich in growth factors. J Craniofac Surg. 2015 May;26(3):772-5.

Biological Treatment Approaches

Ozone Therapy

- stimulates the metabolis
- detoxifies
- works against premature aging
- helps our body respond to environmental stressors
- strengthens the immune system
- bactericidial, antiviral & antifungal

1: Santana-Rodríguez N, Llontop P, Clavo B, Fiuza-Pérez MD, Zerecero K, Ayub A, Alshehri K, Yordi NA, Re L, Raad W, Fernández-Pérez L, García-Herrera R, Huang CJ, Bhora FY. Ozone Therapy Protects Against Rejection in a Lung Transplantation Model: A New Treatment? Ann Thorac Surg. 2017 May 24. pii: S0003-4975(17)30360-0. doi: 10.1016/j.athoracsur.2017.02.054. [Epub ahead of print] PubMed PMID: 28549673. 2: Li B, Liu C, Li Y, Yang HF, Du Y, Zhang C, Zheng HJ, Xu XX. Computed tomography-guided catheter drainage with urokinase and ozone in management of empyema. World J Radiol. 2017 Apr 28;9(4):212-216. doi: 10.4329/wjr.v9.i4.212. PubMed PMID: 28529685; PubMed Central PMCID: PMC5415891. 3: Lee BH. YI Kwang Su's Love and history records of modern hospital under the japanese colonial period. Uisahak. 2016 Dec;25(3):407-444. doi: 10.13081/kjmh.2016.25.407. PubMed PMID: 28529300.

Biological Treatment Approaches

Magnetic field Therapy

- Cluttered cell ions in pathological, unhealthy cells !
- These cell ions are moved in the frequency of the magnetic field

→ Re-regulation and improvement of cell function and performance

- electromagnetic field system was approved by the FDA in 2004

1: Ali FM, El-Gebaly RH, Hamad AM. Combination of bacteriolytic therapy with magnetic field for Ehrlich tumour treatment. Gen Physiol Biophys. 2016 May 4. doi: 10.4149/gpb_2016051. [Epub ahead of print] PubMed PMID: 28471345. 2: Guo X, Li W, Luo L, Wang Z, Li Q, Kong F, Zhang H, Yang J, Zhu C, Du Y, You J. External Magnetic Field-Enhanced Chemo-Photothermal Combination Tumor Therapy via Iron Oxide Nanoparticles. ACS Appl Mater Interfaces. 2017 May 17;9(19):16581-16593. doi: 10.1021/acsami.6b16513. Epub 2017 May 3. PubMed PMID: 28453245. 3: Wanitphakdeedecha R, Sathaworawong A, Manuskiatti W, Sadick NS. Efficacy of multipolar radiofrequency with pulsed magnetic field therapy for the treatment of abdominal cellulite. J Cosmet Laser Ther. 2017 Jan 31:1-5. doi: 10.1080/14764172.2017.1279332. [Epub ahead of print] PubMed PMID: 28139149.

Biological Treatment Approaches

Infusion Therapy

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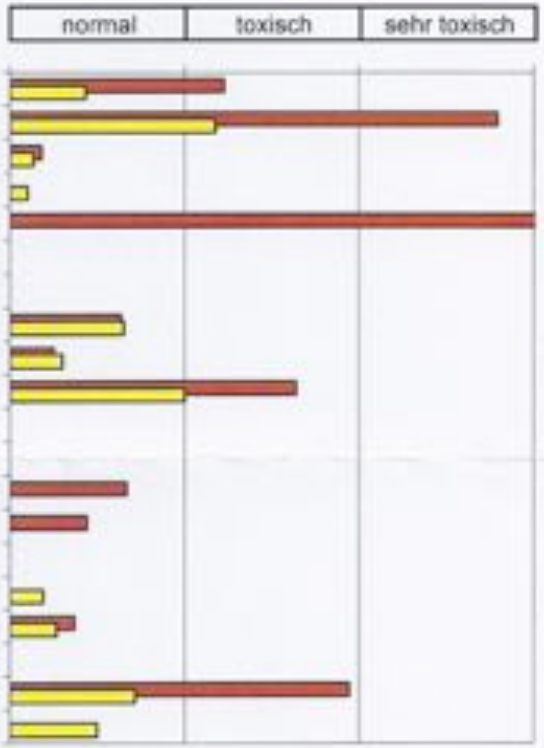
Detox Effect after infusions

Nachuntersuchung-B >*Verlaufstabelle A+B*<: Analyse A Urin-2 und Analyse B Urin-2 nach DMPS i.v. Mobilisation

Durch den Bezug auf die Kreatinin-Konzentration werden Diureseeffekte berücksichtigt. Daraus ergibt sich eine eindeutigere Beurteilung der Analysenergebnis

Kreatinin g/Liter	Referenzbereich	Analyse A		Analyse B	
Kreatinin ♂	0,40 bis 2,60	**0,33 g/l**		**0,65 g/l**	

Toxische Elemente	Referenzbereich	Analyse A		Analyse B	
Aluminium (Al)	< 20	**24,50**		8,60	
Arsen (As)	< 38	**106,10**	*	**44,60**	*
Blei (Pb)	< 150	26,70		19,80	
Cadmium (Cd)	< 5	u.v.Ng.		0,50	
Cobalt (Co)	< 1	**4,50**		u.v.Ng.	
Gold (Au)	< 0,6	u.v.Ng.		u.v.Ng.	
Indium (In)	< 0,2	u.v.Ng.		u.v.Ng.	
Kupfer (Cu)	< 1700	1082,00		1106,00	
Molybdän (Mo)	< 180	44,80		53,70	
Nickel (Ni)	< 2,2	**3,60**	*	2,20	
Palladium (Pd)	< 0,042	u.v.Ng.		u.v.Ng.	
Platin (Pt)	< 1	u.v.Ng.		u.v.Ng.	
Silber (Ag)	< 0,9	0,60		u.v.Ng.	
Strontium (Sr)	< 444	194,00		n.a.	
Thallium (Tl)	< 0,7	u.v.Ng.		u.v.Ng.	
Bismut (Bi)	< 1,6	u.v.Ng.		0,30	
Zinn (Sn)	< 15	5,50		4,00	
Zirkonium (Zr)	< 2	u.v.Ng.		u.v.Ng.	
Quecksilber (Hg)	< 50	**97,00**	*	35,80	
Kumulative TOX	**< 2560,24**	**1589,30**		**1275,50**	



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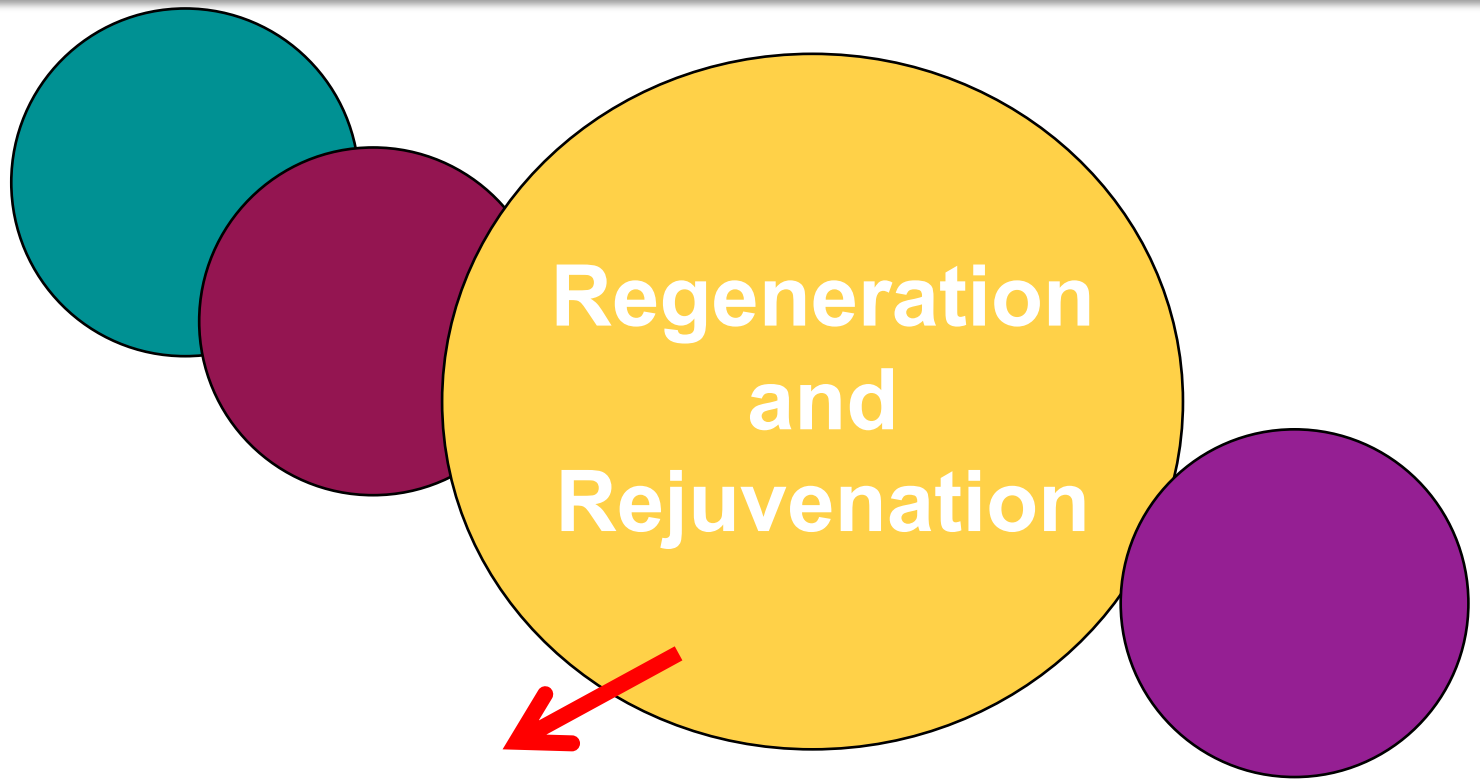
Hevert Products
Biological Remedies

directly available in the U.S.

Name	Indication
Hevert® Arnica Rx	Muscle pain, stiffness, bruising, swelling due to injuries and overexertion, scar treatment
Hevert® Calmvalera™ comp. Rx	Restlessness, sleep disorders, mild depressive states, mental exhaustion
Hevert® Gelsemium comp. Rx	Improvement of painful nerve conditions, such as postherpetic neuralgia, trigeminal neuralgia or sciatic nerve pain
Hevert® Hepar comp. Rx	Improvement of liver and bilary system disorders
Lymphaden™ comp. Rx	Improvement of conditions such as swelling of lymph nodes, lymphatic edema, post-inflammatory situations

More information:
SEE
www.hervertusa.com
info@hevertusa.com



Biostimulation and –regulation by the use of natural remedies and methods

Rehabilitation of bite and function, Intestinal Health by Pre- and Probiotics, Homeopathy, Isopathy, Spagyrics, Supplementation, Phytotherapy, Organ-cell-extracts, Hyperthermia, physical Treatments, bioidentical Hormons, BIO-IN^2 Injection Therapy, proper function of bite and mastication

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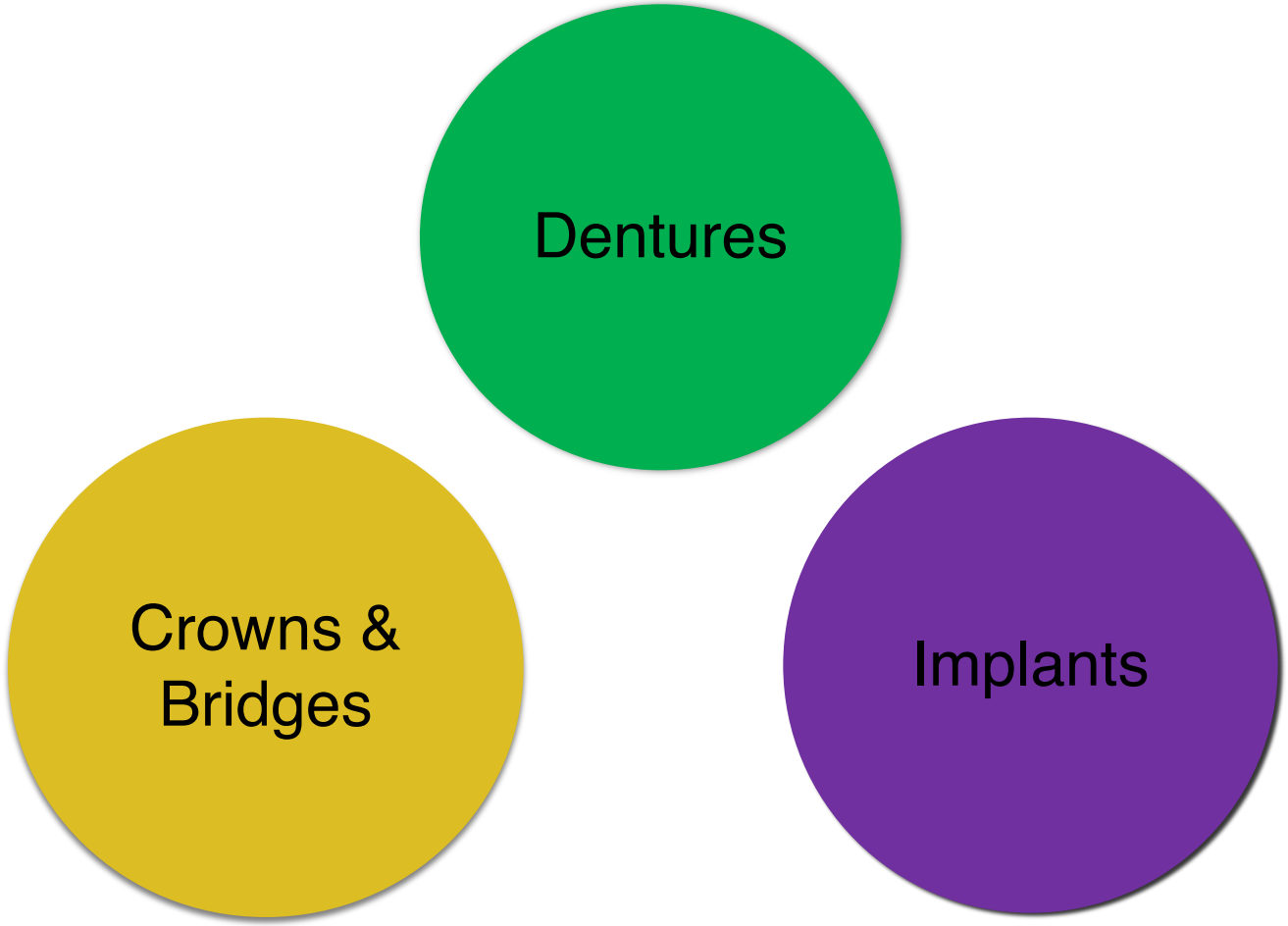
Replacement of missing teeth



Tooth replacement		Advantages	Disadvantages
Dentures		Cheap	Allergies, poor aesthetics, poor long term outcome and life quality Decay und tooth loosening
Crowns & Bridges		Minimal allergies Optimal aesthetics, optimal longlife and & success rate Stabilisation of CMS	Expensive 10% of teeth can become avital after preparation Bone wasting NO stimulation of meridians, where teeth are missing
Implants		Optimal Bite and Chewing function Stimulation of meridians Stimulation of bone & gingiva Stabilisation of CMS	Expensive Bone augmentation requirement especially before placing implants **Foreign Body !**

ALPSTEINCLINIC

„Myocentric - CMD - Rehabilitation“

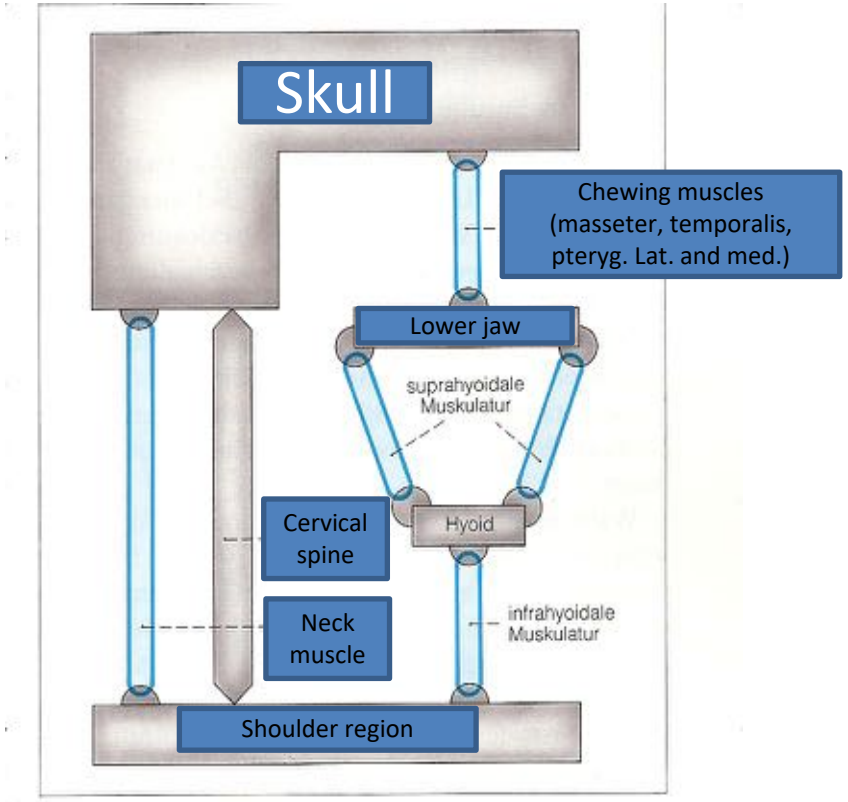
- „Myocentric“ (after Jankelson)– the concept of Integrative Biological Dentistry

- „The jaw relationship is depending on all skeletal muscles and therefore is a ***„dynamic structure“***

  - The jaw position can only be determined by the *resting balance position* (***myocentric***)

- The resting balance position of the jaw can only be achieved by complete *relaxation of the entire muscolosceletal system (jaw, neck, spine)*

…which is under constant neurosensory control



- Stabilisation of the skull and lower jaw according to Brodie

To summarize.....

Mandibular posture

is an integrative/integral part of the human body´s posture

from the whole body/holistic point of view you require…….

Teeth

or

Artificial tooth roots

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Management of CMD

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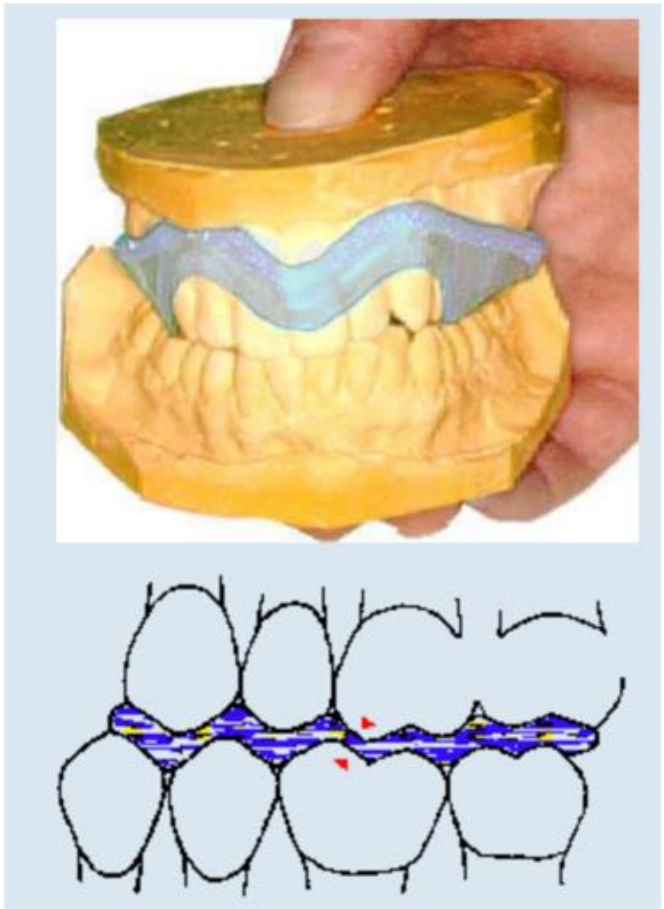
Splint therapy: Aqua Splint (Myocentric)



Splint therapy : myozentric splint

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3D customized orthodontics

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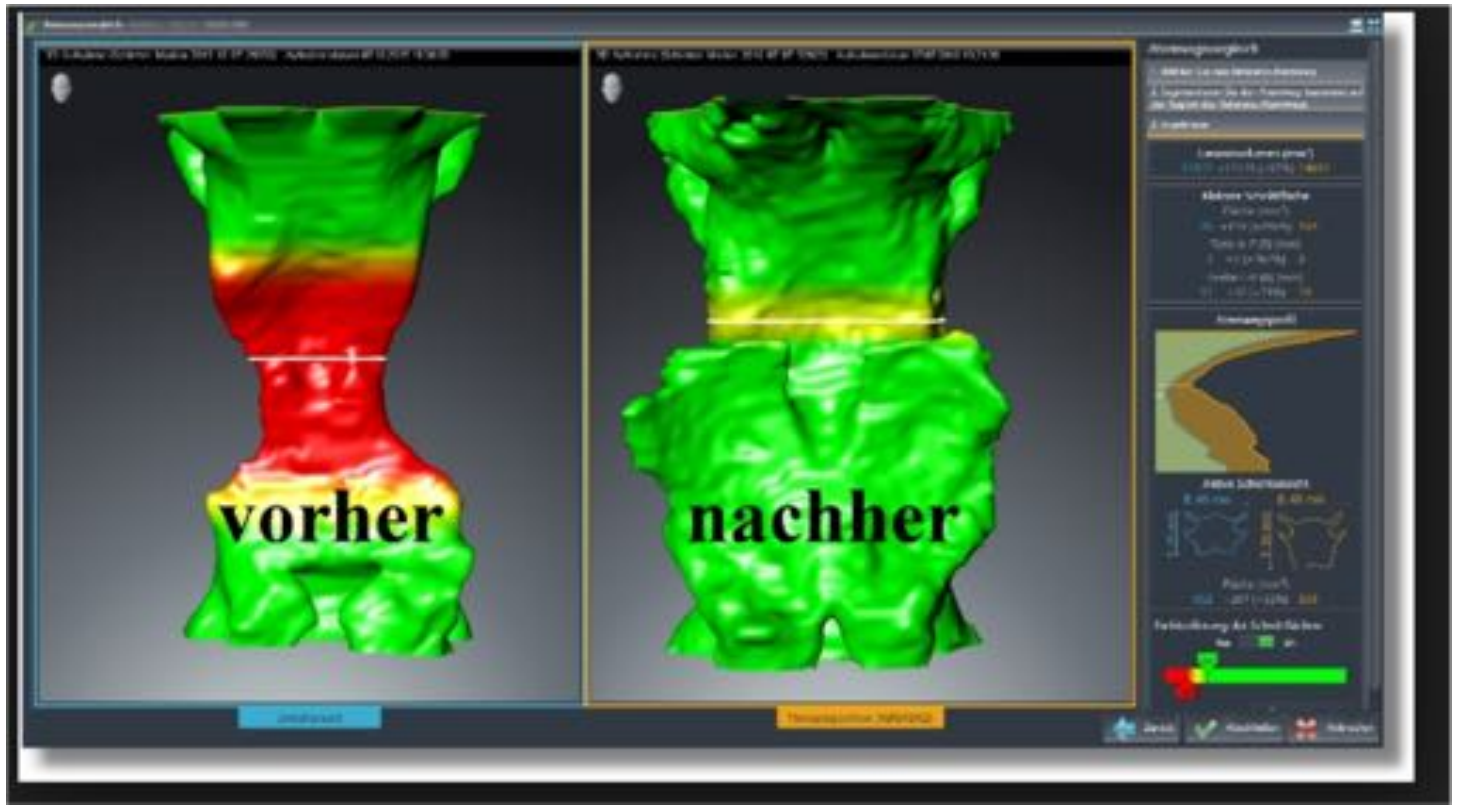
Improvement of breathing function, blood flow und lymphatic drainage in the oral & maxillofacial area and CNS !



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Replacement of missing tooth surface

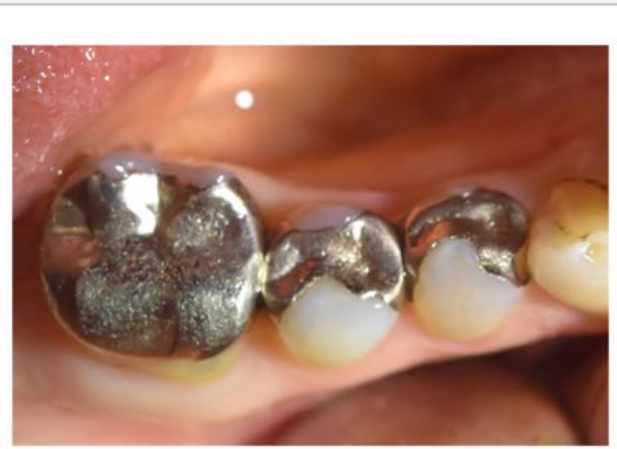
Ceramics

Advantages	Disadvantages
Bio Compatibe (92)	Extended preparation
Superior Aesthetics (93)	Attrition
Equal long term survial rate as Metals (94)	Ceramic fragility/Brittleness (96)
Superior sealage, less leakage (95)	More expensive

Reference:92) **Bartolome JF et al.**,In vitro and in vivo evaluation of a new zirconia/niobium biocermet for hard tissue replacement. Biomaterials. 2016 Jan;76:313-20. 93) **Vanlioglu BA et al.,** Esthetic outcome evaluation of maxillary anterior single-tooth bone-level implants with metal or ceramic abutments and ceramic crowns. Int J Oral Maxillofac Implants. 2014 Sep-Oct;29(5):1130-6. 94) **Layton DM et al.,**The up to 21-year clinical outcome and **survival** of feldspathic porcelain veneers: accounting for clustering. Int J Prosthodont. 2012 Nov-Dec;25(6):604-12. 95) **Li W et al.,**Strength degradation and lifetime prediction of dental zirconia ceramics under cyclic normal loading. Biomed Mater Eng. 2015;26 Suppl 1:S129-37. 96) **Nascimento Cd et al.,** Bacterial adhesion on the titanium and zirconia abutment surfaces. Clin Oral Implants Res. 2014 Mar;25(3):337-43.

Summary of Ceramics Recommendations Based on Peer Review Literature

Material Type	Brand Name	Anterior Veneers	Anterior Crowns	Posterior Crowns	Anterior Bridges	Posterior Bridges
Feldspathic Glass	Vita Mark II blocks	Yes	Yes	No	No	No
Leucite Reinforced	Empress I IPS Empress Esthetic IPS Empress CAD	Yes	Yes	No	No	No
Lithium Disilicate	Empress II E-Max Press E-Max CAD	Yes	Yes	Yes	No	No
Aluminium Oxide	Vita Inceram Vita Inceram Zirconia Vita Al Procera	No (Aesthetics not suitable)	Yes	Yes	Yes	No
YZr	Procera Lava Zeno Everest Vita YZ Ivoclar YZ	No (Aesthetics not suitable)	Yes	Yes	Yes	Yes



ALPSTEINCLINIC

Replacement of missing teeth – artificial tooth roots

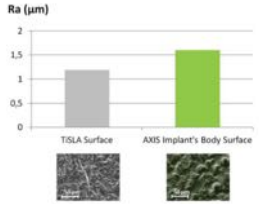
State of the Art Implantology

- **Evidence based requirements for succesful ceramic implants (zirconiumdioxide)**

State of the Art Implantology

„Surface“

1) Surface roughness of approx. 1.5 µm optimal for osseointegration (6,7)



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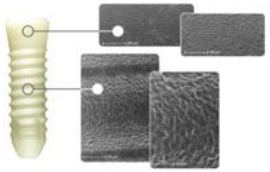
2) Sandblasted & acid-etched, laser treated (8)



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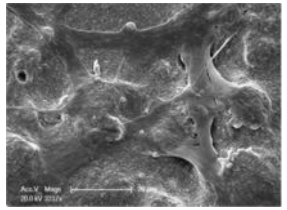
4) Objectiv: optimal osteoblastic function (9)



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6) **Wenneberg et al.,** A histomorphometric and removal torque study of screw-shaped titanium implants with three different surface topographies. Clin Oral Impl Res 6, 24–30 (1995). 7) **Kohal RJ et al.,** Loaded custom made zirconia and titanium implants show similar osseointegration: An animal experiment. J Periodontol 75,1262–1268 (2004). 8) **Fischer J et al.,** Surface micro-structuring of zirconia dental implants. Clin Oral Implants Res. 2016 Feb;27(2):162-6. 9). **Bergemann C et al.,** Microstructured zirconia surfaces modulate osteogenic marker genes in human primary osteoblasts. analysis of fractured dental zirconia implants. J Mater Sci Mater Med. 2015 Jan;26(1):5350.

Challenges for the future ?

—> Minimizing disadvantages:

Brittleness and immobility / desire of individualization (18,19,20)

—> Optimization of indication width

Two approaches:

—> **Aesthetics**: **Individualized abutment design (milled ceramic) in the aesthetic area/region**

—> **Statics**: **Application of PEKK abutments for better elasticity / buffering in the posterior region**

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18) **Andreiotelli M et al.,** Are ceramic implants a viable alternative to titanium implants ? A systematic literature review. Clin Oral Implants Res. 2009;20(4):32-47. 19) **Chevalier J et al.,** Low-temperature degradation of zirconia and implications for biomedical implants. Annual Rev Mat Res. 2007;37:1-32. 20) **Wiltfang J, Andreiotelli M, Kohal RJ, Oliva J et al.**, Zahnimplantate aus keramik-zirkonoxid-keramikimplantate. Disponível em: www.implantate.com/ zahnimplantate-aus-keramik.html

State of the Art Implantology

„Prosthetics“

New components in suprastructures

1) One-piece systems -> polymer-infiltrated ceramics (21,22)

2) Two-piece systems -> temp. PEEK abutments (23)

3) **PEKK (Polyetherketonketone): Statics ?**

4) **indiv. milled zirconia abutments: Aesthetics ?**

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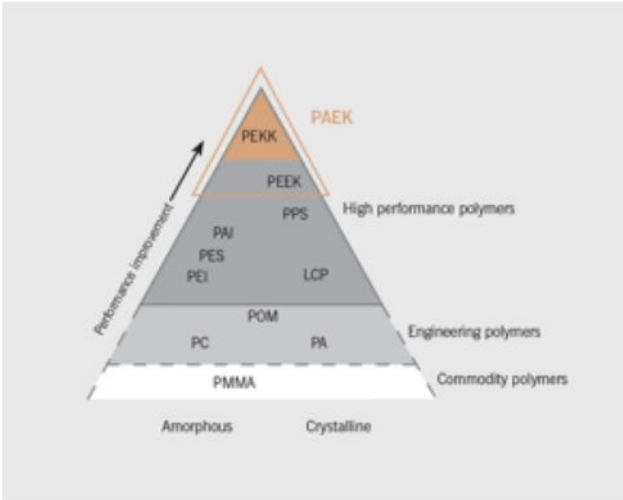
18) **Spies BC et al.,** Evaluation of Zirconia-Based All-Ceramic Single Crowns and Fixed Dental Prosthesis on Zirconia Implants: 5-Year Results of a Prospective Cohort Study. Clin Implant Dent Relat Res 17, 1014–1028 (2015). 19) S**pies BC et al.,** Evaluation of zirconia-based posterior single crowns supported by zirconia implants: preliminary results of a prospective multicenter study. Clin Oral Implants Res Mar 29. doi: 10.1111/clr.12842 (2016). 20) **Rohr N et al.,** Loading capacity of zirconia implant supported hybrid ceramic crowns. Dent Mater 31, e279–e288 (2015). 21) **Schwenter J et al.,** Adhesive bonding to polymer infiltrated ceramic. Dent Mater J 35, 796–802

State of the Art Implantology

„Prosthetics“

PEKK (Polyetherketonketone) (22,23)
Uniqueness:
Amorphous & crystalline structure
-> unique properties, lower water absorption

80% higher **compressive strength**, higher **creep resistance** as compared to PEEK thus wider range of applications (eg. air travel, neurosurgery)



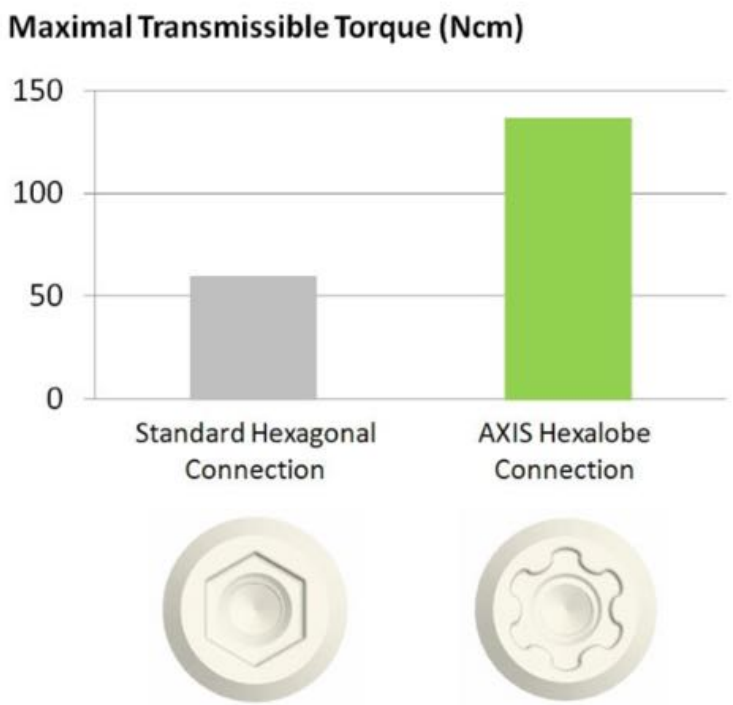
22) **Han KH et al.,**Implant- and Tooth-Supported Fixed Prostheses Using a High-Performance Polymer (Pekkton) Framework. Int J Prosthodont. 2016 Sep-Oct;29(5):451-4. 23) **ASTM** https://www.astm.org/Standards/F2820.htm

State of the Art Implantology

„Internal thread
Connection abutment/implant“

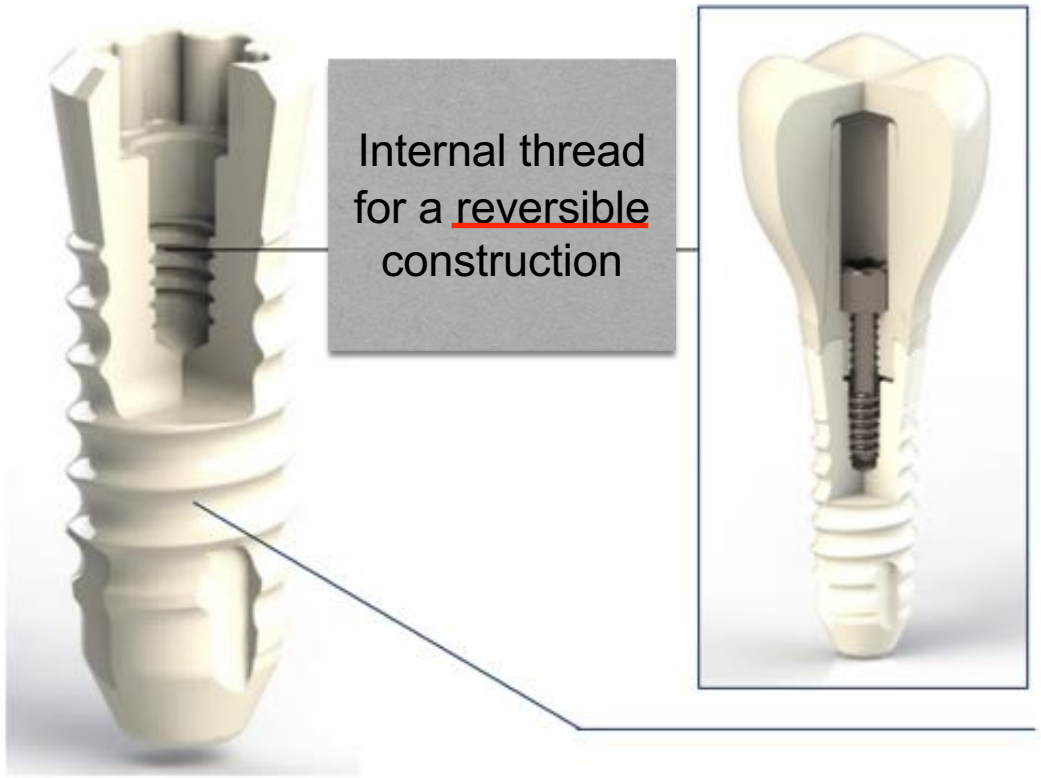
CERALOG/Hexalobe (Internal thread)

„flat design, round surface pattern“



State of the Art Implantology

„Internal thread
Connection abutment/implant“



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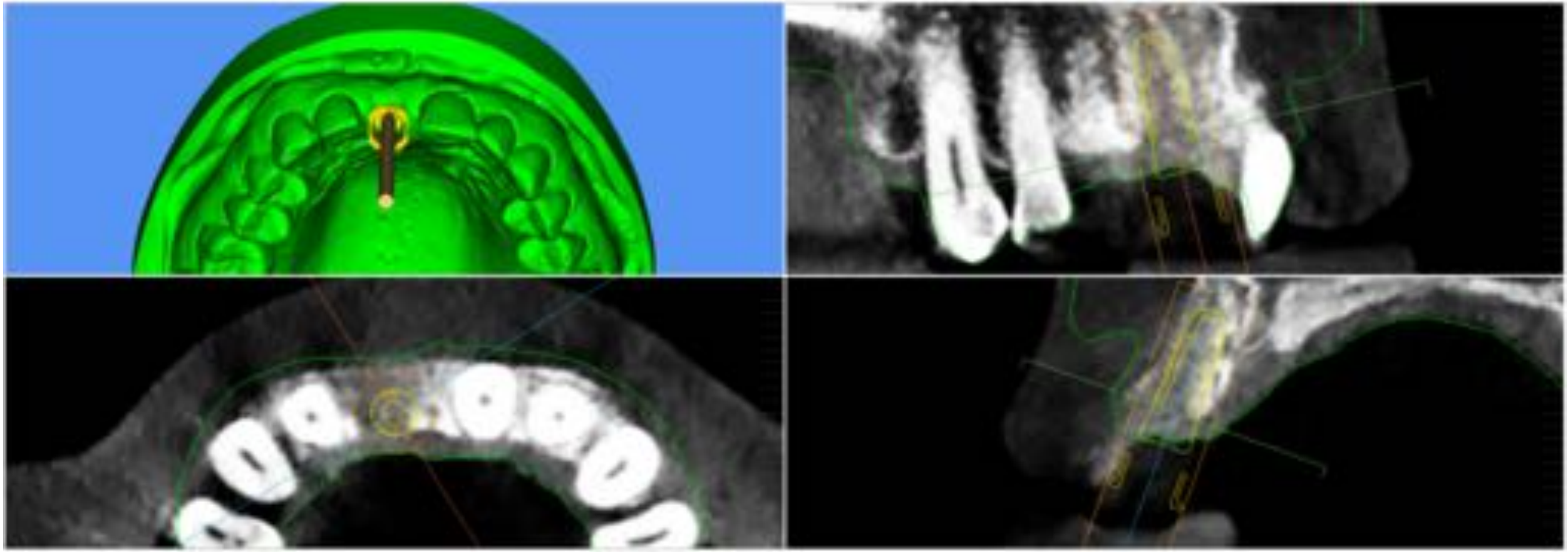
3D Guided for optimal outcome



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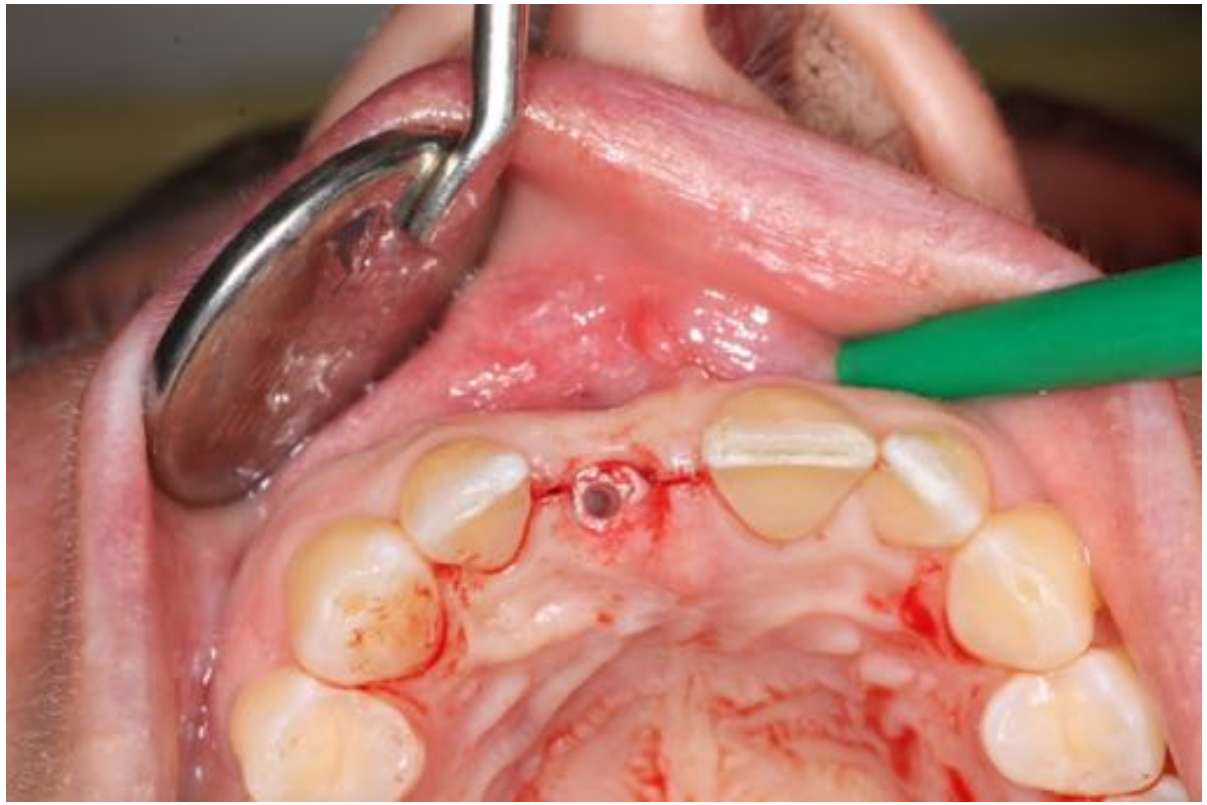

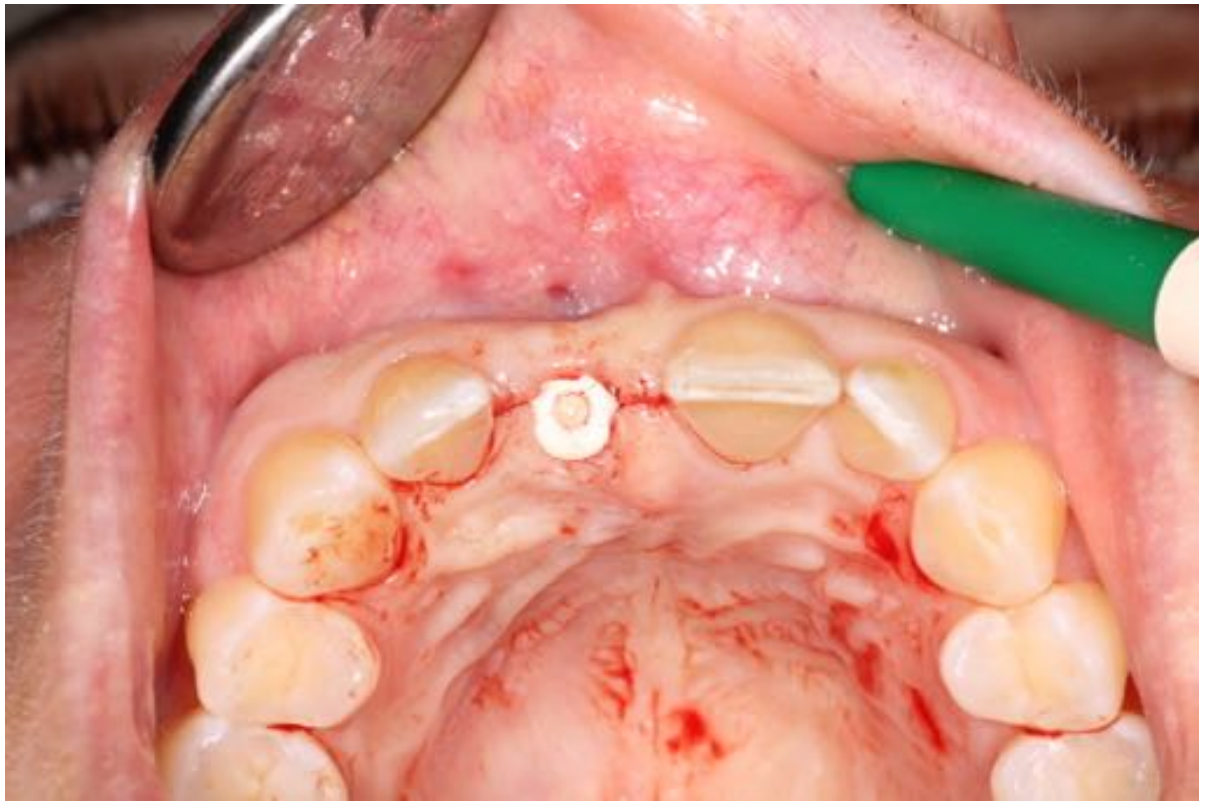

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Perfect Outcome !

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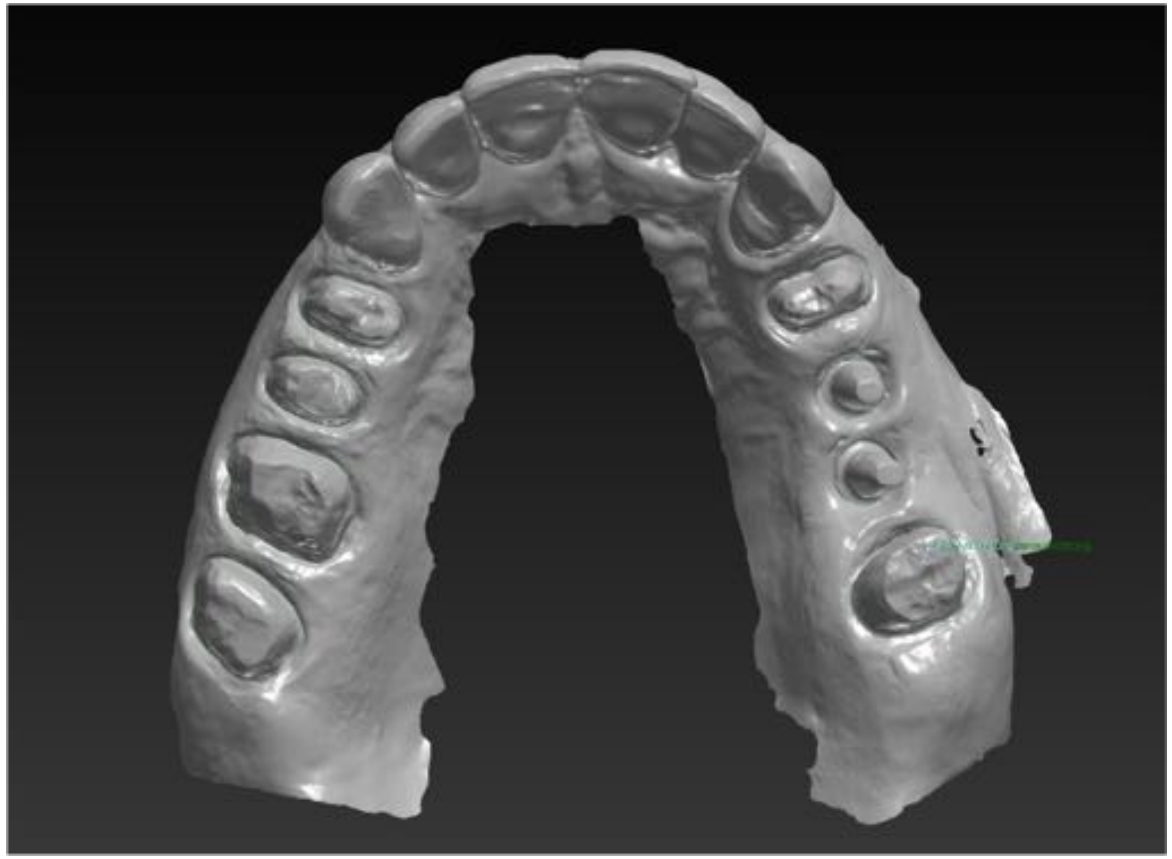
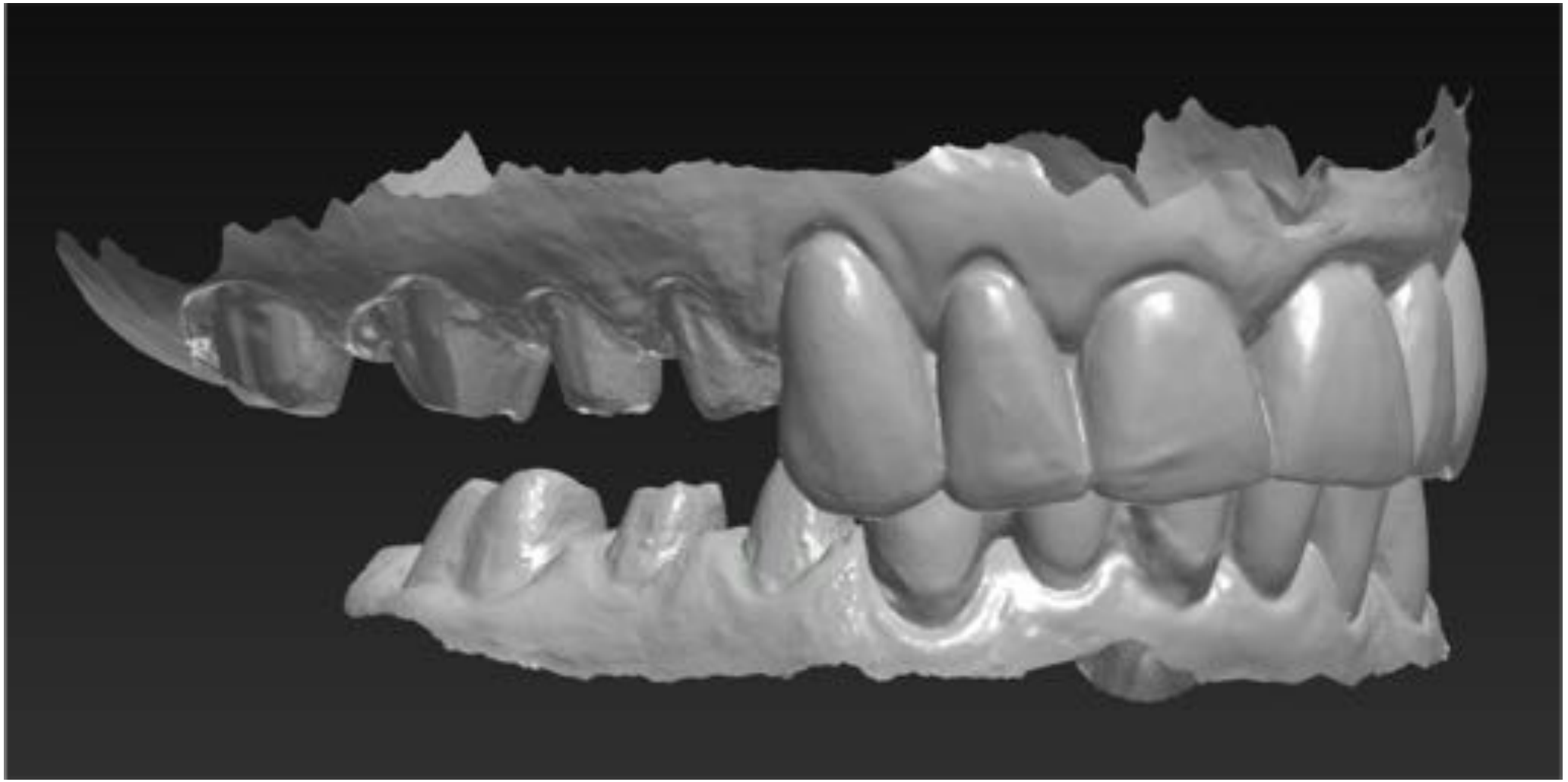
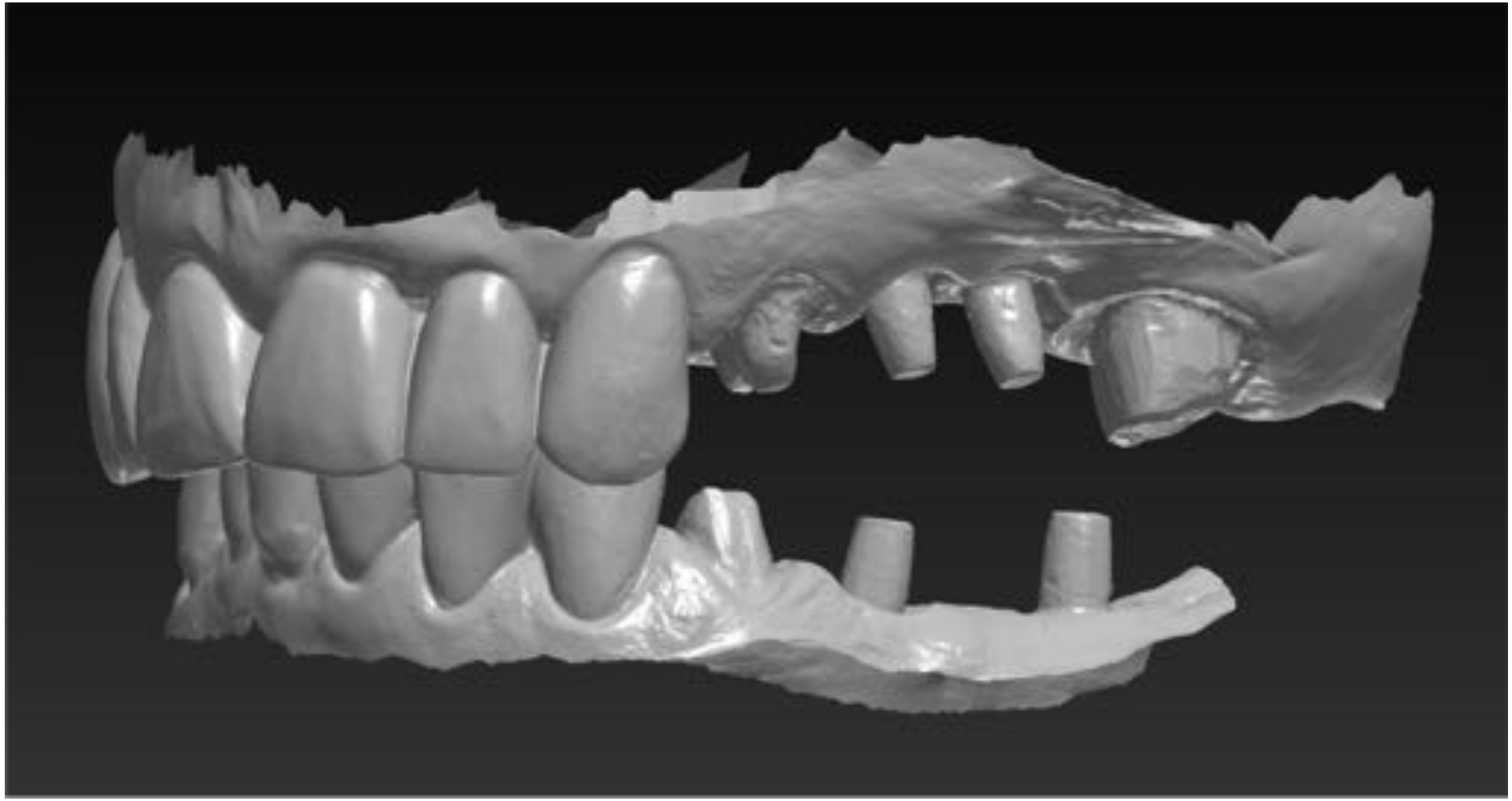
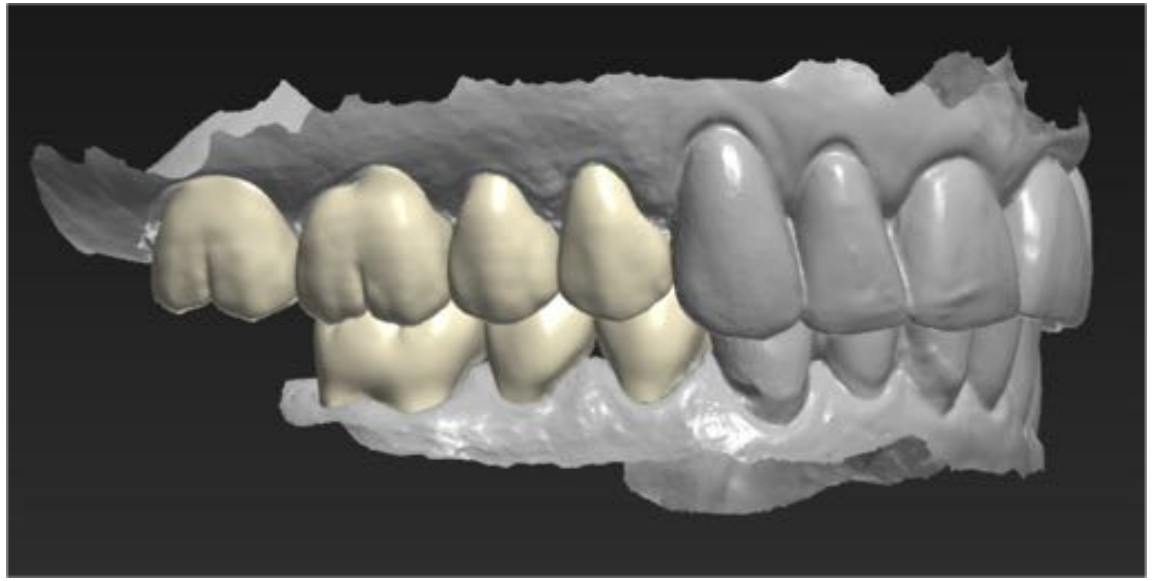
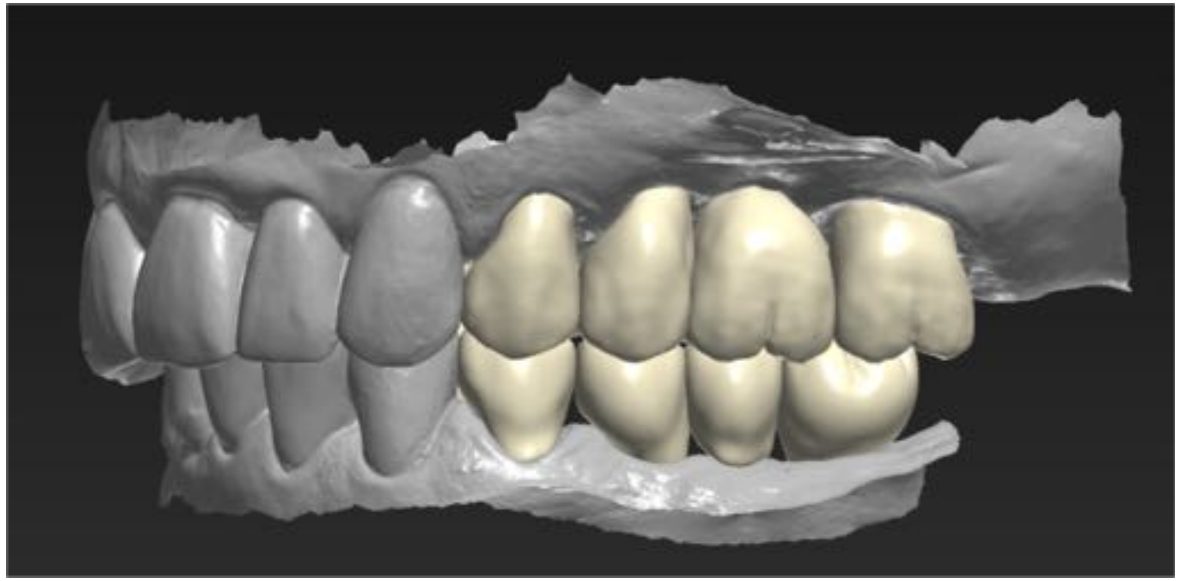
Case presentation

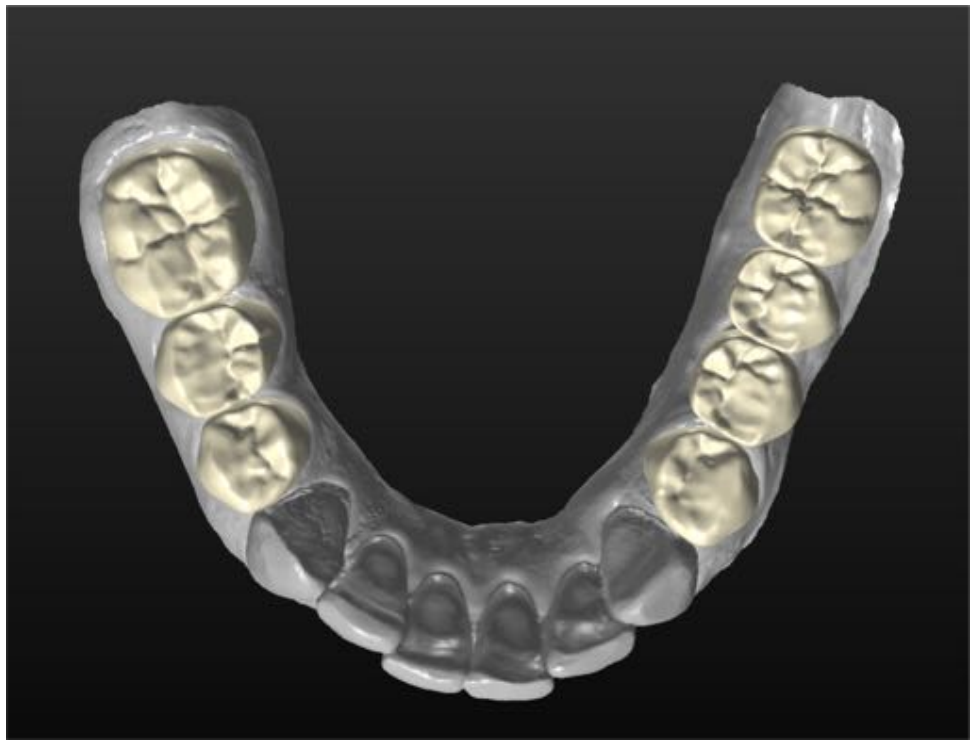


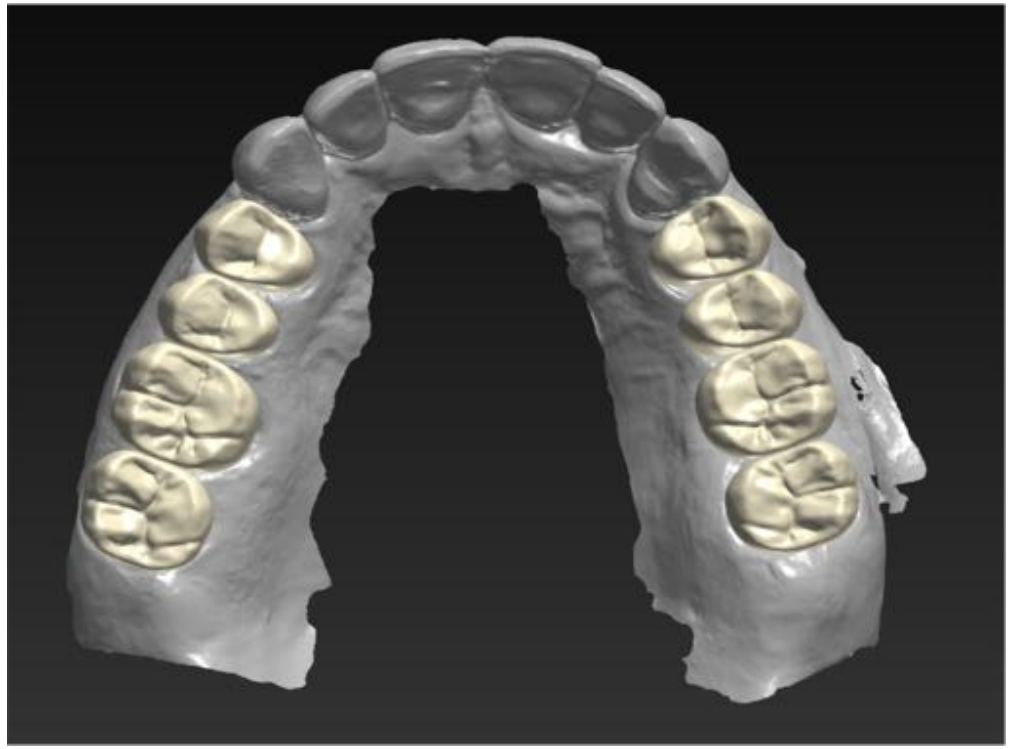












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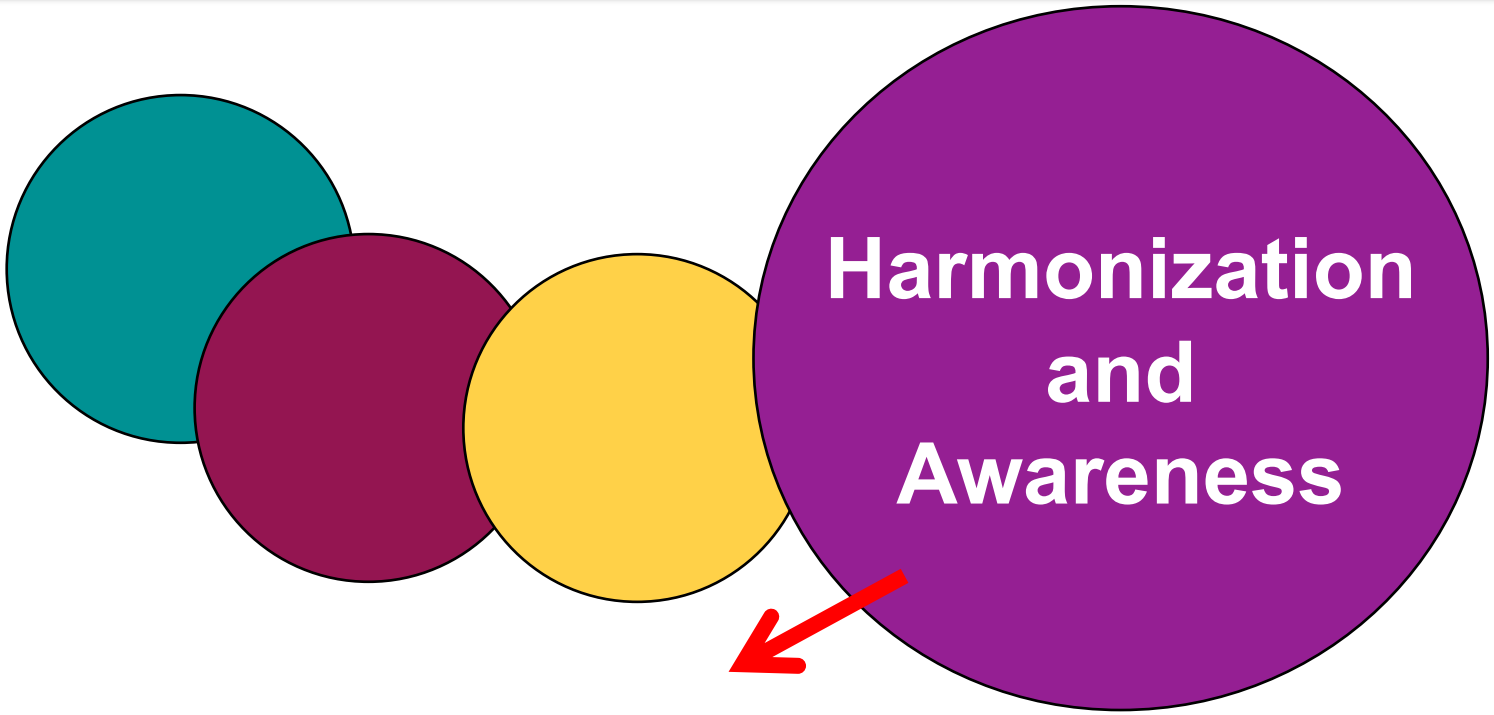

Body, Mind and Soul in Conformity with the Creation

Say YES to LIFE, Find the inner Sources of Energy, Bring the Family in Harmony, change Thinking Patterns, use the Power of own Trust and Believe Concept, synchronization of body. Mind and soul, develop an environmental Awareness for future Generations

Harmonize your soul with nature

Balance

Refresh your body, mind and soul/spirit

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Swiss Excellence Health Center
Integrative Biological Medicine and Dentistry

Be capable of leeting loose of “legal concerns“…….

Let loose of “internal waste " and past histories

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The special Role of Family

Authenticity and self-Love - an intact family provides support and love.

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Systemic family therapy - constellation

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