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Call for Cases and Papers

for

Biological Dentistry Journal

by

Felix K. Liao, DDS, MAGD, ABGD

Editor of IABDM Journal Online

Why Share Your Cases?

- ◆ **Enhances your reputation**
- ◆ **Helps other patients find you**
- ◆ **Helps other dentists solve similar problems**
- ◆ **Increases referrals by health professionals**
- ◆ **Advances the cause of Biological Dentistry**

Dr. Ronald Carlson's contribution to Biological Dental Journal



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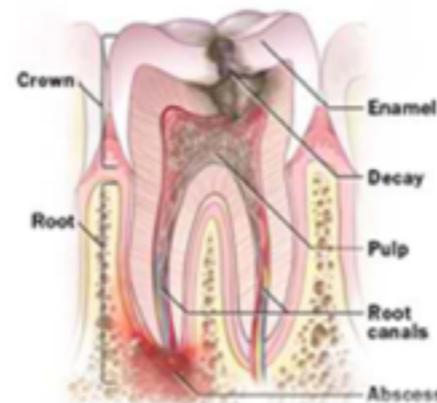
Endodontic-Endotoxemia: Our Current Dilemma

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OUR CURRENT DILEMMA IN DENTAL-MEDICINE

For about 180 years, or more, there have been attempts to retain teeth whose nutrient canals have been destroyed by placing gutta-percha or other sealants within the canals.(1) Numerous innovative mechanical techniques have been developed over the years to render the canals sterile and uninhabitable for microorganisms. Virtually all advertisements within the industry trade journals emphasize "mechanical obturation" and not the biochemical aspects of sterility of the canal system, or if the canals can be sterilized at all in the short or long term. As reported recently, overemphasis on this aspect of simply filling the empty spaces within the root canal system and its importance has misled the field of endodontology.(2)

What is most critical, is that root canal teeth become nesting sites for microbes who, due to the loss of outward hydraulic pressure from within the body of the dental organ since the pulp no longer is living, migrate through the dentin into the peri-radicular tissues, thence into the circulatory system and other tissues.



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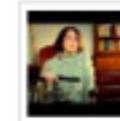
An Oral-Systemic Perspective on the Root of All Degenerative Diseases February 12, 2015



Case Study 002 August 7, 2014



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Case Report Made Simple

S + SOAP + C = one paragraph each

- ◆ **Summary: why is this case worth reporting?**
- ◆ **Subjective: presenting complaints**
- ◆ **Objective: your examination findings**
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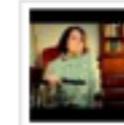
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Summary: start here

Hint: try smart phone dictation — so easy!

- ◆ **2-5 sentences in 2 minutes covering 3 points below.**
- ◆ **How your treatment improves this patient's oral-systemic health?**
- ◆ **What did you do?**
- ◆ **Why is this case worth sharing?**

Biological Dental Journal (BDJ)

Case Study 002

[Print PDF](#)

Submitted by Michael D. Margolis, DDS,
IMD

Patient suffered from severe arthritis of his right hand. [Unable to find a medical solution through allopathic medical care, he turned to an alternative medical physician MD\(H\). Prior to beginning his treatment, the homeopathic physician referred J.L. to me for evaluation of dental disease and unusual conditions.](#)

This summary takes just 40 words



Summary

By Felix Liao, DDS, MAGD, ABGD



Oral appliance therapy, in combination with nutrition, chiropractics, and sleep hygiene, opens the airway in teeth grinding in an anterior open bite case after orthodontics
Combination of nutritional, chiropractic, and oral appliance therapy results in increased energy from better sleep, cessation of snoring, teeth grinding, neck pain, and improved facial appearance and sports performance.

Case Report Made Simple

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- ◆ **Try first draft by dictation using smart phone or laptop**

Subjective: patient's issues

- ◆ **Patient's presenting complaints**
- ◆ **Timeline of symptoms**
- ◆ **History of treatment and efficacy**
- ◆ **Degree of interference with daily life on a scale of 0 - 10.**
- ◆ **Using dictation takes under 5 minutes.**

Subjective:

Patient's complaints

(how long can this dictation take?)



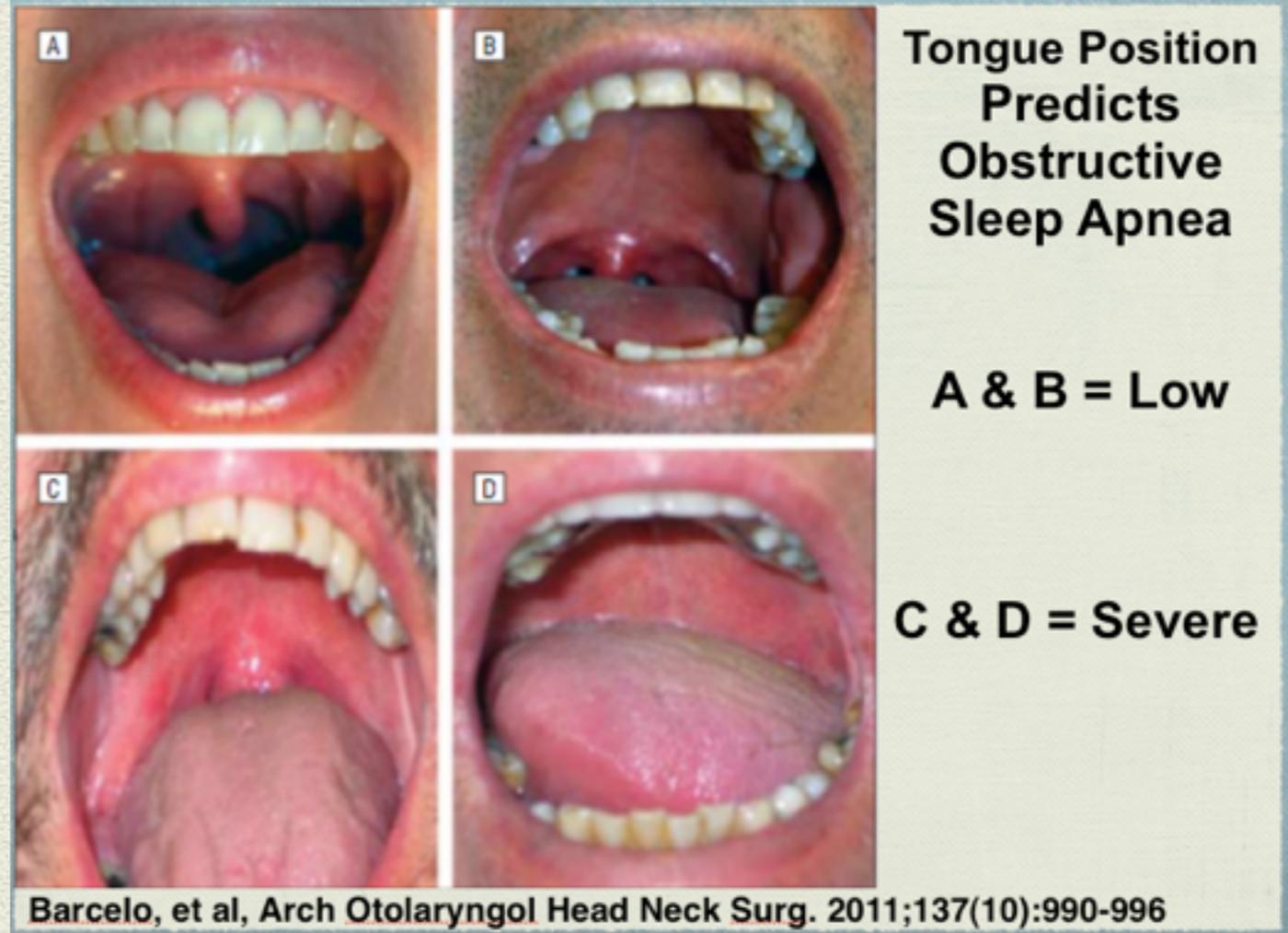
RH is a 17 y.o. referred by her mom's chiropractor

1. "I grind my teeth, and I have worn holes through my night guard."
2. "She snores, and has losing my tennis matches", says her mom
3. "I had braces done at 14 but my teeth all went back."
4. Neck and shoulder pain

Objective: evaluation findings

- ◆ **Dental, oral-facial-postural examination**
- ◆ **Photos, X-rays, models, charts, labs**
- ◆ **Labs: blood test, perio-DNA, sleep test, heart rate variability, material compatibility, etc.**
- ◆ **Radiologist reports, physician letter(s)**

Objective: Evaluation Findings and Objective Evidence



physical and CT evaluation and cephalometric findings include

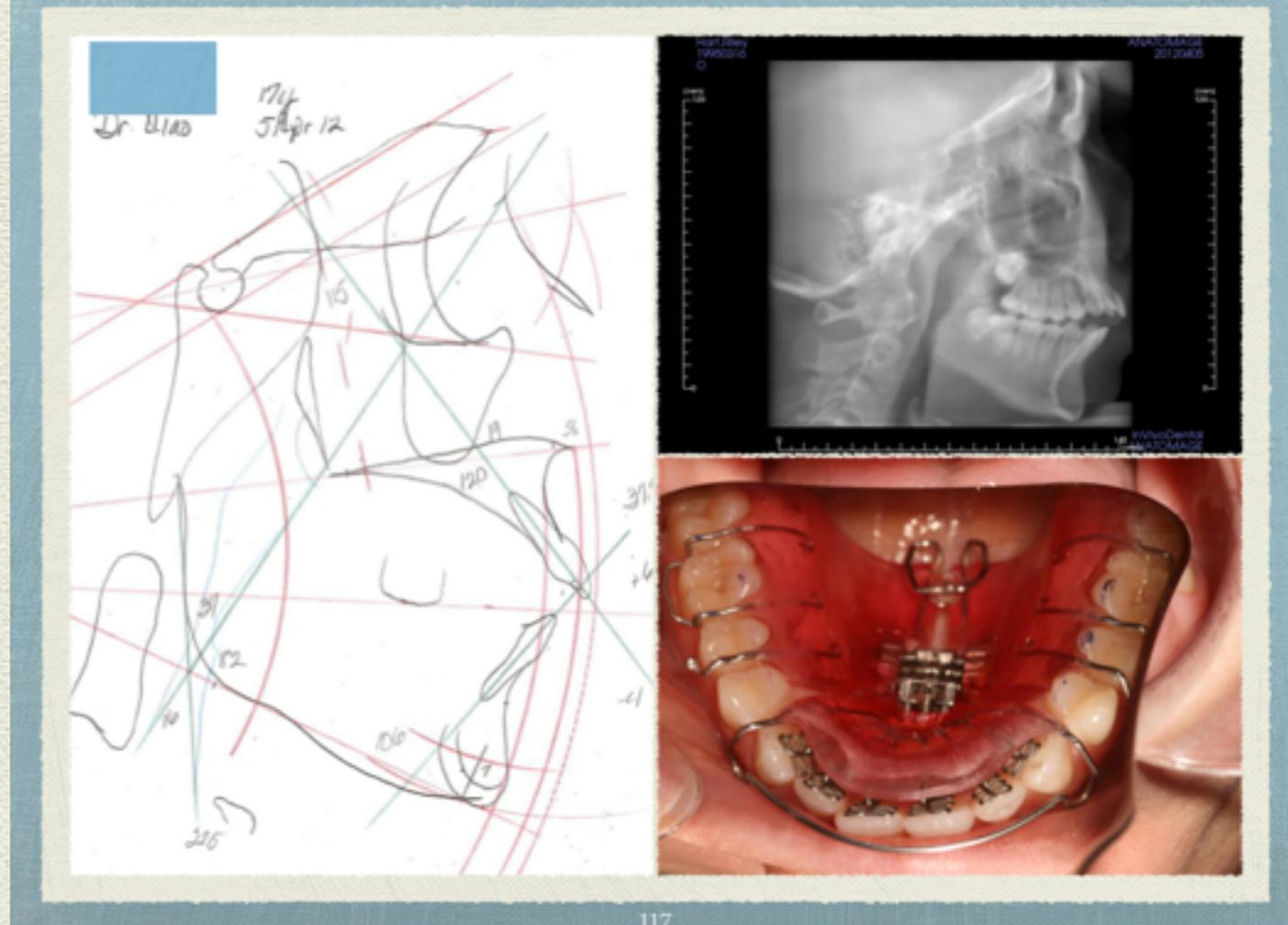
- Anterior open bite
- Nasal obstruction (1)
- Airway obstruction (2)
- Anterior crowding
- Uvula not visible with mouth open, indicative of high risk for sleep apnea (3)
- Flattened cusps on posterior teeth: "Bruxism is associated with sleep apnea." (4)
- Forward neck and posterior head rotation (indicative of airway struggle)

Assessments:

Your Diagnosis as Biological Dentist

- ◆ Your diagnosis as biological dentist
- ◆ What's in this mouth that impact total health
- ◆ What's the logic you follow
- ◆ References if available

Assessment: Biological Logic and Diagnosis



Malocclusion can lead to obstructive sleep apnea (5)

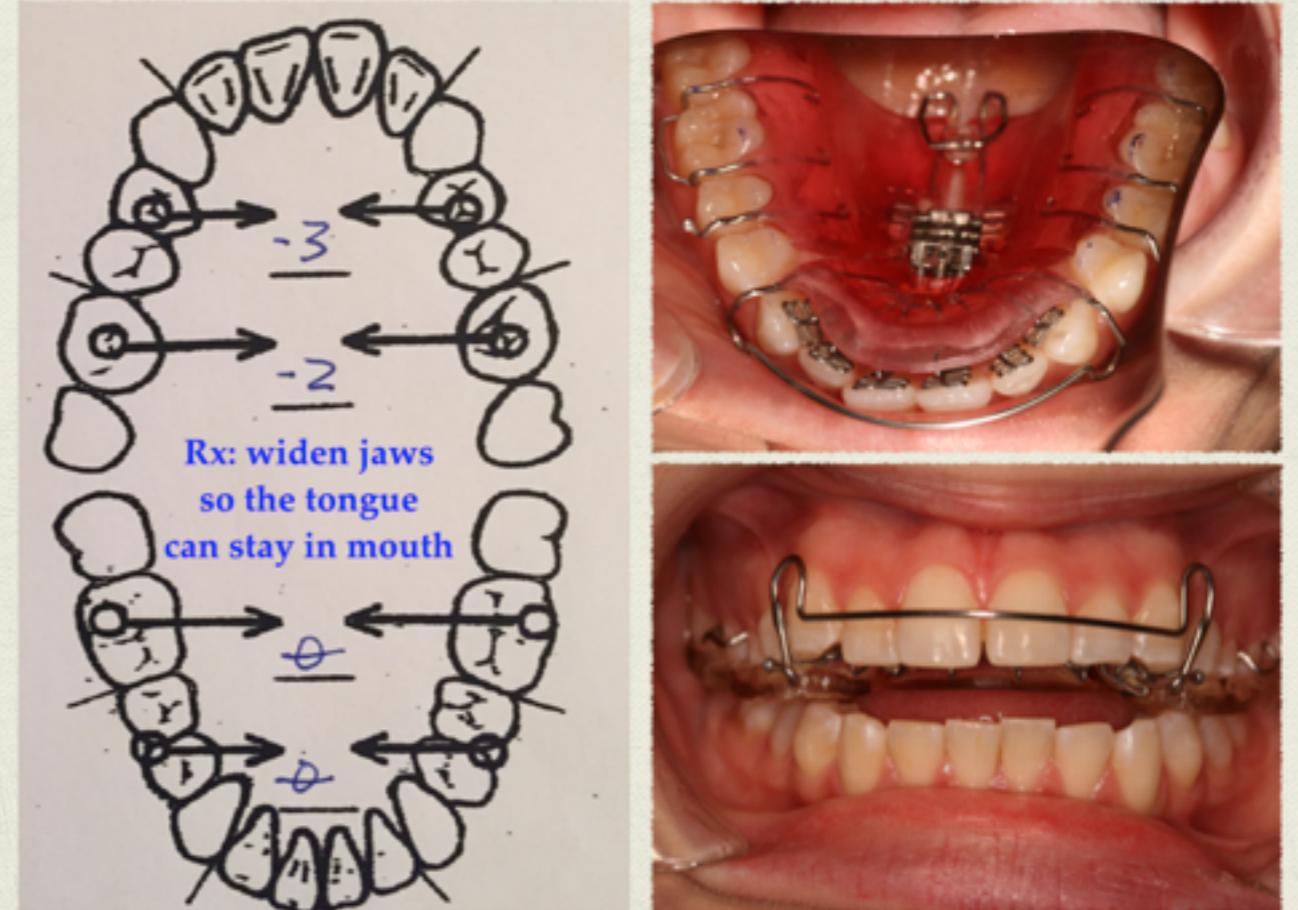
- A. Underdeveloped maxilla (524.01) and mandible (524.04)
- B. Mandibular dyskinesia (524.51)
- C. Cervicalgia (723.1)
- D. Sleep apnea with hypersomnia (750.53)

Plan and Outcome

- ◆ **Your treatment plan**
- ◆ **Systemic support**
- ◆ **Integrative collaboration, if any**
- ◆ **Treatment outcome**
- ◆ **Objective Evidence: before-after comparison**

Plan and Outcome

Diagnosis: teeth grinding is a reaction to tongue choking throat during sleep

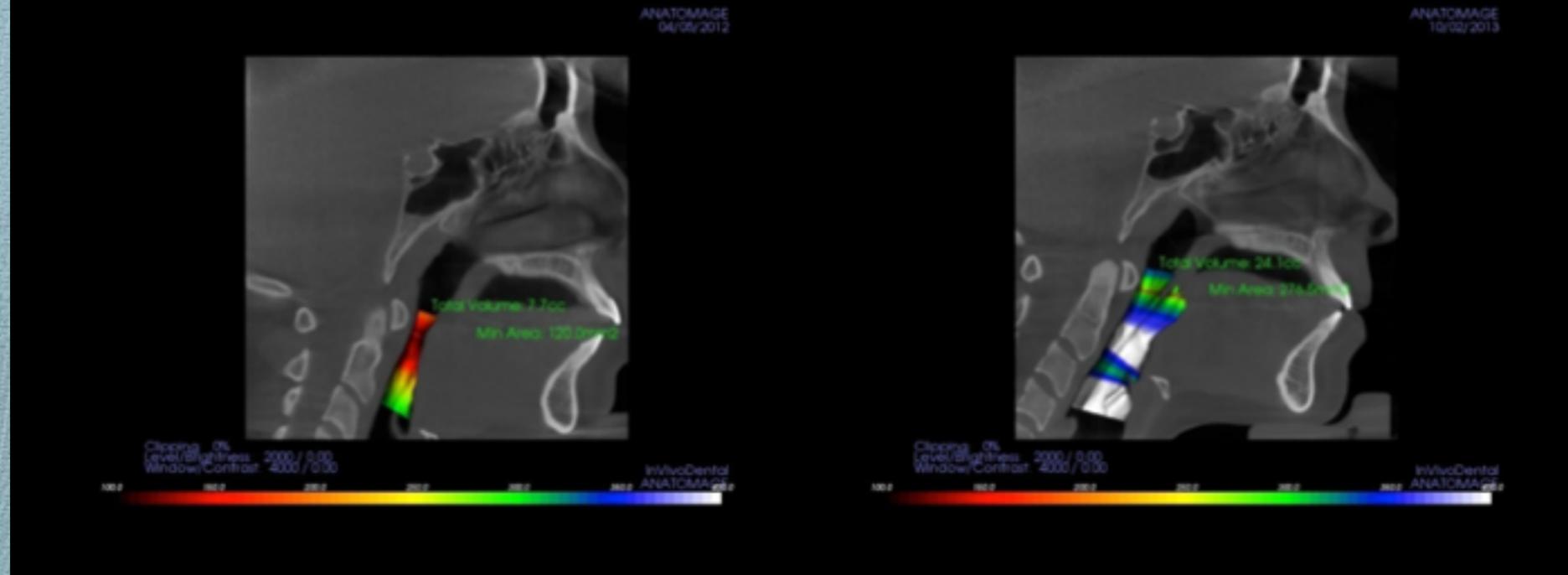


Treatment:

1. Nutritional counseling (6): eat organic + avoid all processed foods (7).
2. Rx: WAPF.org for Nourishing Traditions Diet (8)
3. Sleep hygiene: black-out blinds in bedroom and go to sleep by 11 pm
4. Oral appliance therapy to expand underdeveloped maxilla and mandible
5. Oral Face Mask to traction Maxilla forward
6. Oral-Facial Myofunctional Therapy to correct tongue thrust (9, 10)
7. Orthodontics

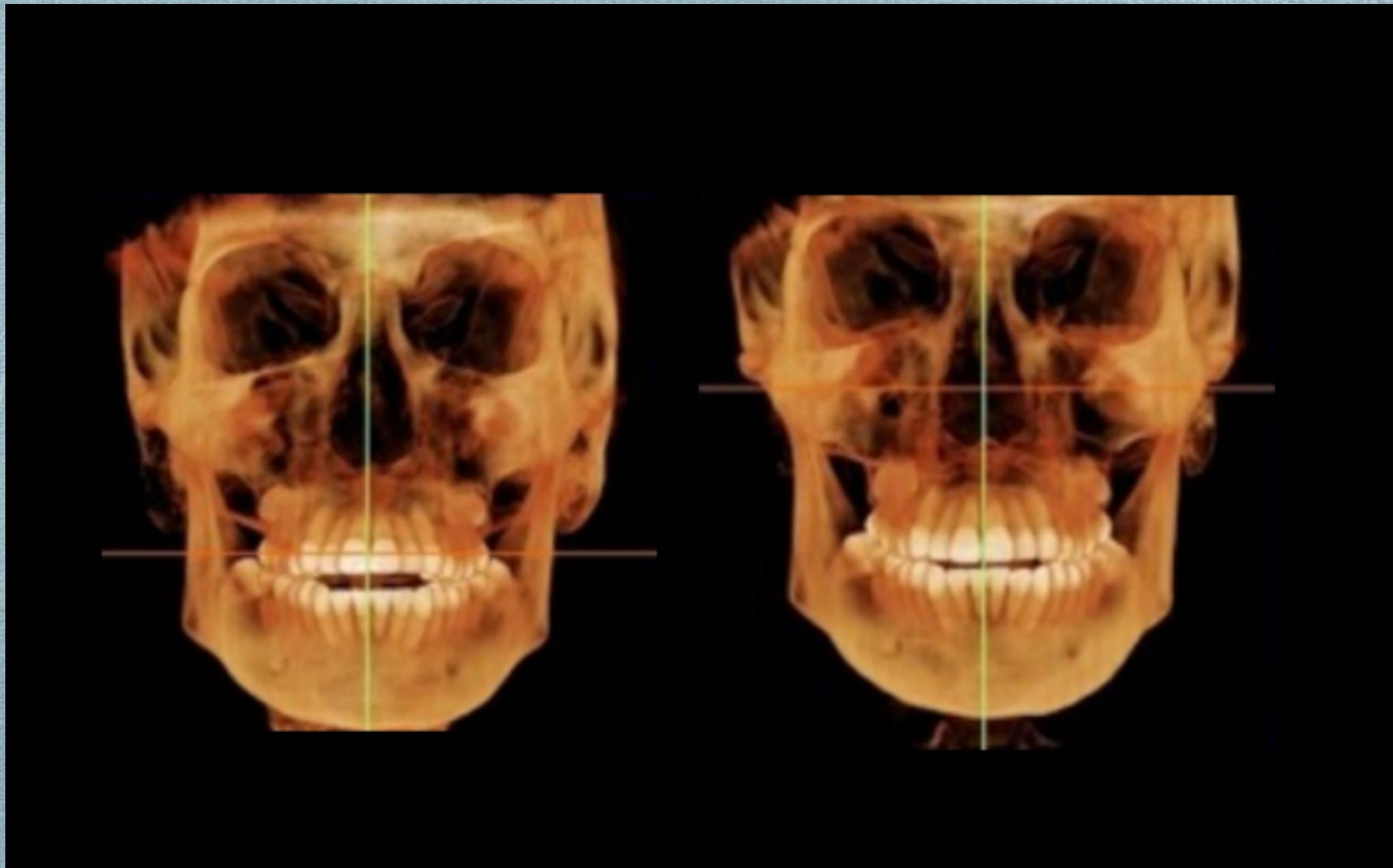
**Pre-treatment
Airway
7.7 cc**

**After-treatment
airway
24 cc**



Treatment Outcome with Objective Evidence:

- No more snoring, teeth grinding
- Tons of energy
- Radiant face and smile
- Winning tennis matches again



Treatment Outcome with Objective Evidence:
Progress CBCT showing marked reduction in anterior open bite from oral appliance therapy



11/12/2012

5/2/2014

5/18/2015

No braces, just DNA appliance



11/12/2012



5/18/2014



6/15/2015

No braces so far

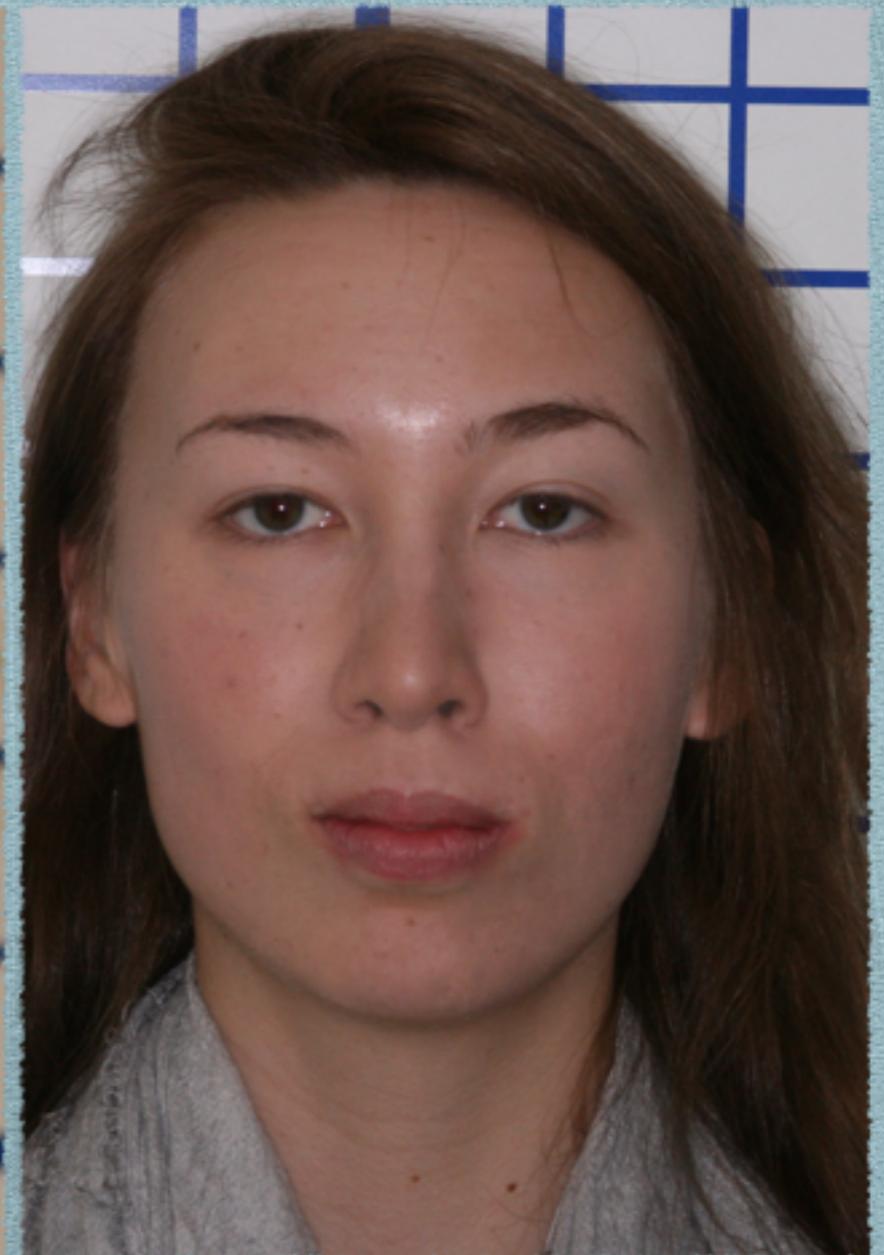
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Comments

- ◆ **Patient testimonial — with consent to publish**
- ◆ **Your opinion on why this case worked**
- ◆ **Follow up objective evidence is even better**
- ◆ **Your “take home” message in 2-3 sentences.**
- ◆ **Talk into your smart phone/laptop as if talking to your IABDM dentist buddy**



Case Comments:

Teeth grinding is a stress event in the brain (11) and not the jaw. Elimination of sleep apnea episodes eliminates sleep bruxing (12)

RH is a model patient who took all treatment recommendation to heart. Her progress and result is a reflection of her relentless pursuit of health. As a result of her dietary cleanup, her mouth breathing has reverted back to full nasal breathing — a decisive prerequisite for tongue thrust reversal.

Video testimonial by patient is powerful and valuable



References:

published evidence boosts your credibility

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Resolution of Sleep Bruxism using Biomimetic Oral Appliance Therapy: A Case Report

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Abstract

Background: Evidence suggests that sleep bruxism is centrally regulated, and that the highest risk factor associated with sleep bruxism is obstructive sleep apnea. Current treatments for sleep bruxism include dental night-guards or occlusal splints, which are often provided without upper airway or sleep assessments. **Methods:** In this case report, we used biomimetic oral appliance therapy to address sleep bruxism by redeveloping the maxilla and repositioning the mandible in a 17 yr. old, female patient.

Results: The upper airway volume increased by 313% (from 7.7 cm³ to 24.1 cm³) and the minimum upper airway cross-sectional area increased by 230% from (120 mm² to 276.5 mm²), which improved both sleep bruxism and orthodontic relapse.

Conclusion: We conclude that dentists and orthodontists can help in the recognition and treatment of both sleep bruxism and malocclusion, thereby preventing systemic co-morbidities associated with obstructive sleep apnea.



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The Importance of Acute Supportive Care in Biological Dentistry

By Louisa Williams, MS, DC, ND

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Summary

Immediate nutritive and homeopathic treatment after mercury amalgam removal as well as after dental cavitation surgery leads to a significantly more positive success rate of healing in patients. This has been clearly demonstrated in both clinical and scientific research studies.



Restrictive dental state boards do great harm to patients through outlawing, or greatly discouraging, the prescription by dental physicians of these essential nutrients and homeopathic and herbal remedies. Therefore, those biological dentists who are under the constraints of a more rigid scope of practice need to work closely with holistic physicians and practitioners who can prescribe an acute supplement protocol to their dental patients post-drilling.

The Need for Acute Detoxification After Heavy Metal Removal

In 1991, Swedish researchers (Malmstroem, Hansson, and Nylander) placed one small amalgam filling in an eleven-year old girl who had not had a previous history of cavities or fillings. 1 Through measuring the fecal and urine output over the next few days, they found that in comparison to a control group, the fecal

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Brilliant Commentary by John Trowbridge, MD, FACAM



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An Oral-Systemic Perspective on the Root of All Degenerative Diseases

By John Parks Trowbridge MD, FACAM

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Recently, I watched *The Theory of Everything*, the biopic based on the life of modern physicist Stephen Hawking. Hawking's enduring career inquiry has been into the beginning of time and the universe – the biggest of the big pictures.

Many physicians and dentists – not to mention their patients – would benefit greatly from taking a few steps back and looking at the big picture of health and illness; to examine the beginning of the deterioration of health.

After all, a long-accepted maxim of law is that the principal part of anything is the beginning. Perhaps we should pay attention!

The Beginning of the Beginning

A deeper understanding of how inflammation works, along with startling advances in genetics and epigenetics, have poised us on the threshold of a dream: We can finally start to appreciate direct correlations between oral health challenges and the progression of systemic diseases. For many conditions, deteriorating gum, tooth and jaw tissues foreshadow predictable organ changes throughout the body.

For years, researchers have sought THE connection between gingivitis and coronary artery disease, often drawing frustrating conclusions. Sadly, the most likely causes are never studied, just explained away before investigation ever begins. Yeast overgrowth? *The culture was negative.* Parasites? *Not here, only in the third world.* Metal toxicities? *The blood tests were negative.* Nutritional deficiencies? *No way.*

In trying to isolate any one cause, researchers almost always ignore the settings in which certain factors can become exaggerated in their effects. They overwhelmingly rely on Louis Pasteur's "germ theory" of external invasion. They neglect the insight of Claude Bernard, a physiologist and Pasteur's contemporary who advanced the supremacy of the *milieu intérieur*- the internal cellular environment – in the evolution of disease.

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One Simple Question: Ask Your Staff

- ◆ Which case of mine is worth sharing?
- ◆ Ask your patient for permission to share
- ◆ Obtain patient authorization in writing
- ◆ Dictate a summary first, then transcribe into words
- ◆ Contact editor of Biological Dentistry Journal:
drfelixliao@gmail.com