

Enhancing the Effects of BDORT and SDUE in Unresolved Pain & Dysfunction and Cancer Patients by Improving Muscle Function and Lymphatic Drainage in Target Areas Utilizing Dental Occlusal Adjustment

Daniel R. Gole, D.D.S., F.I.C.A.E.

Director of the West Michigan Head, Neck & Facial Pain Center

Originator of the Modern Micro Dental Occlusal Adjustment RFV Technique
(Resultant Force Vector Technique)

ABSTRACT

- Unresolved chronic pain and dysfunction patients have complex etiologies and treatment histories.
- Most have been treated by multiple medical practitioners and treatment methods without resolve.
- Correct diagnosis is extremely important but often illusive.

- Postural and functional compensation may lead to neurovascular entrapment, decreased circulation and lymphatic flow.
- Physical therapy and manual medicine techniques are effective means of increasing joint ROM, decreasing pain and dysfunction, increasing circulation and lymphatic flow while being actively employed by the therapist.
- Dysfunction often reoccurs after treatment terminates and the patient becomes responsible for continued treatment.

- Dental intervention utilizing dental occlusion principles and the Resultant Force Vector Technique can be utilized to increase muscle function and lymphatic drainage in areas of pathology and poor circulation.
- When employing Dr. Omura's BDORT and SDUE to pathologic areas, the RFV Technique and dental intervention appears to increase the efficacy and treatment time of the process.

Objectives

- Patients with chronic unresolved pain and dysfunction and cancer were selected to see if dental intervention could improve muscle function and lymphatic drainage in pathologic target areas for SDUE using Dr. Omura's hand representation chart.
- BDORT was used to evaluate the pre- and post-data changes.

Methods

- Patients with chronic unresolved pain and dysfunction and cancer were pre-screened to see if there was a dental component that could influence the muscles and lymphatic channels in the target area(s).
- The patients selected were ambulatory, fully responsive and functional, and had full use of all appendages.

- Muscles in the target areas were tested for strength (resistance to loading), ROM and tenderness to manual palpation.
- Non-functional muscles are generally tender to palpation (Trigger or tender points), impede lymphatic flow, exhibit decreased ROM, and in specific areas, cause neurovascular entrapment.
- Patients with advanced periodontal disease and abscesses that would interfere with RFV testing were eliminated.

Pain, Dysfunction and Cancer

- Patients selected had one or more of the following signs and symptoms: unresolved headache, facial pain, TMJ dysfunction and/or pain, neck pain, back pain, aggressive nasopharyngeal tumor, melanoma of the sclera of the eye, basal cell or squamous cell carcinoma of the skin, and in one case tic douloureux.

- Dr Omura's protocol utilizing Bi-Digital O-Ring Test, EPA/DHA, cilantro, true St. 36, and Selective Drug Uptake Enhancement was used to indicate pathology and to improve the pathologic target area(s).
- Patients were assessed after treatment by imaging for tumors, biopsy reports, physical examination, and/or a pain visual analog scale (VAS) assessment by the patient.

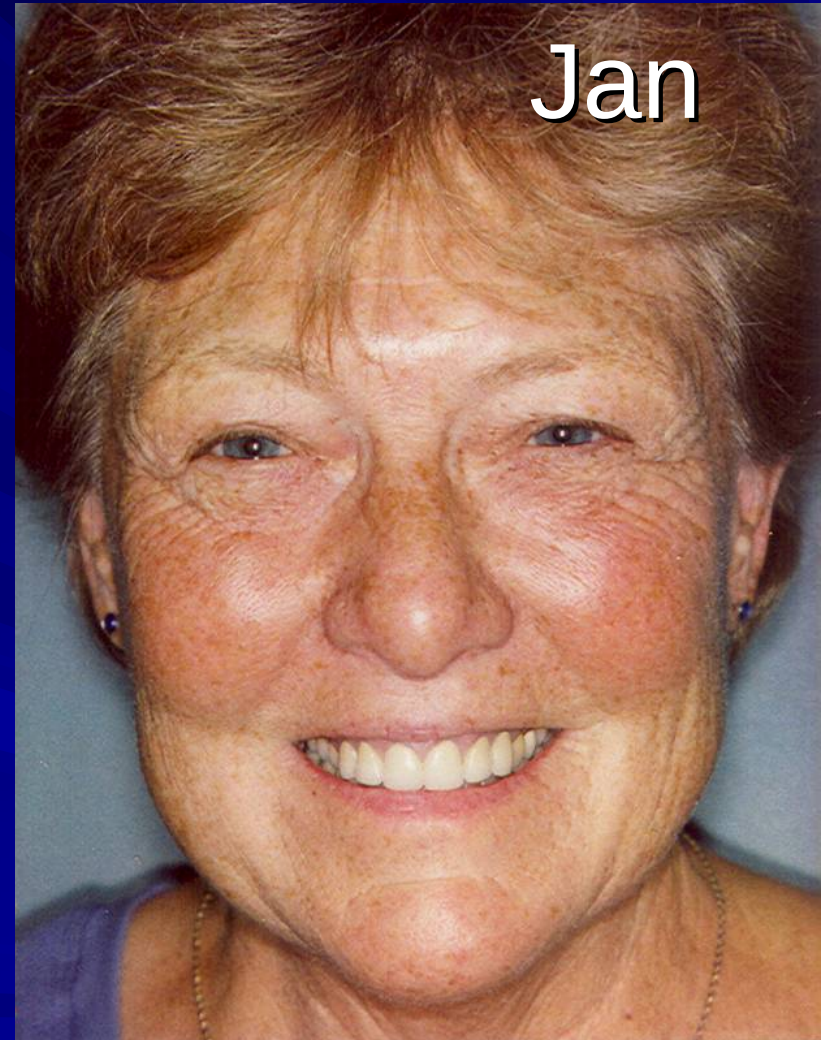
Results

- Dental intervention improved muscle function and lymphatic drainage in pathologic target areas which appeared to increase the efficacy and treatment time of the process.
- Telomeres rose rapidly in the target area(s) after utilizing the Resultant Force Vector Technique and achieving the desired dental stability and function.

Patient #1 JB (Jan)

- Jan presented with an aggressive and invasive nasopharyngeal tumor found at Mayo Clinic, that perforated the medial border of the orbital socket and the lower and lateral portion of sella turcica.
- Her symptoms included unrelenting headaches, unilateral facial pain on the left side, blurred vision of the left eye, neck pain and unresolved back pain.

- Jan's pain history began in the 1970s when an electrical box fell off the wall at work. It hit her on the head piercing her skull and compressing several vertebrae. She has experienced head, neck and back pain ever since. This trauma was the initiating factor of a downward spiral.



Jan

- Multiple doctors and health care practitioners were seen for relief without resolve.
- Since the accident, Jan's surgical history includes: Surgery on right knee, bilateral foot surgery, hysterectomy, thyroid tumor removed with part of the gland, and an appendectomy.
- Her teeth had to be capped (crowned).
- An aggressive nasopharyngeal tumor was diagnosed. Surgery would be complex. So she elected to "live with it".

Treatment

- Dr. Omura's BDORT, SDUE, True St. 36, cilantro, and EPA/DHA
- After 3 months, 3 crowns were replaced and RFV occlusal adjustments were made to improve muscle tone and lymphatics.
- Liv-Long was also added qid. Liv-Long is Proprietary blend of Artichoke leaf extract (*Cynara floridanum*) and sarsaparilla root extract (*Smilax aristolochiaefolia*).

Results

- Telomeres ↑
120 ng. to 400 ng.
- Metals ↓
- Virus ↓
- Integrin ↓
- Oncogene ↓
- Acetyl Choline ↑
- CT scan ↑
All clear – 6 years



Patient #2 GB (Greta)

- Greta presented with Melanoma OD of the right eye, corneal/conjunctiva/sclera
- TMJ dysfunction, neck and back pain.
- Squamous cell and basal cell carcinoma of the skin.



HISTORY:

Scleral lamellar dissection. Melanoma OD, corneal/conjunctiva/sclera. Please see requisition sheet for diagram.

GROSS:

1. "Melanoma OD, corneal/conjunctiva/sclera." Received in formalin on a Telfa pad in a small container is a "radial edge", with a depth of less than 1 mm. The outer half of the specimen is inked blue. Sectioned as follows:
 - 1A. Inferior radial margin "5:30 o'clock"
 - 1B. Medial portion of specimen. (3mm)
 - 1C. Superior radial margin "9:30 o'clock"

BTB

BIOPSY REPORT

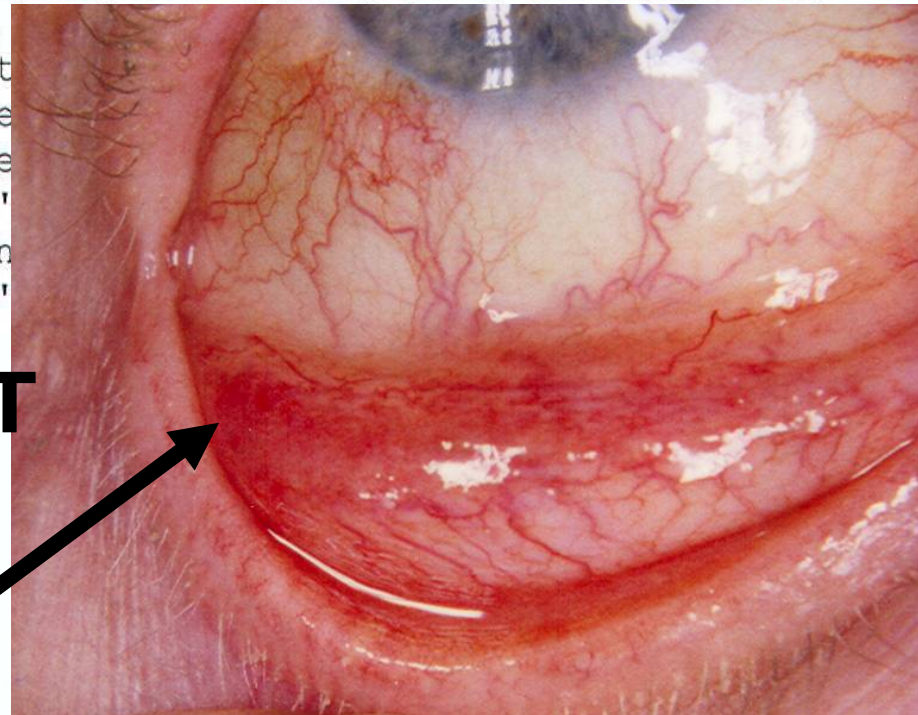
BTB:HE 07/02/04

MICROSCOPIC:

See diagnosis below.

MICROSCOPIC DIAGNOSIS:

1. Right bulbar conjunctiva, cornea, and sclera, en bloc excision: Focus of primary acquired melanosis with atypia (IB1) in specimen 1C (superior radial



IMMUNO-COMPROMISED



MULTIPLE LESIONS



Treatment

- Dermatologist surgically removed twenty melanomas from the patient's back, arms, legs. He told the patient that many more lesions needed to be removed.
- Great was just diagnosed with melanoma of the eye. Proposed treatment is removal of the eyeball in one month.
- The patient is frustrated and "tired of being cut up." Asks about alternative tx options.

- Dr. Omura's BDORT, SDUE, St. 36, EPA/DHA and cilantro were used after the teeth were balanced to restore muscle function and lymphatic drainage in the target area (eye).
- Liv-Long was also added qid. Liv-Long is Proprietary blend of Artichoke leaf extract (*Cynara floridanum*) and sarsaparilla root extract (*Smilax aristolochiaefolia*).
- Treatment time – 4 weeks

Results

- Pre-surgical biopsy of the sclera of the right eye proved to be negative and the eyeball was not removed. ↑
- As an added benefit, the patient's skin lesions cleared up. ↑
- After 16 months, the eyeball is functioning normally and the patient hasn't had any more skin lesions removed. ↑
- Telomeres 90 ng. to 520 ng. ↑

Dear Dr. Gole:

I just wanted to say thank you for your part in "saving my life."

I so much appreciate your vast knowledge of alternative choices in healthcare and am so glad I decided to give Selective Uptake a chance.

I don't even want to think about the choices that conventional medicine would have given me. With my Immune System as impaired as it was, I don't think I could have survived conventional medicine.

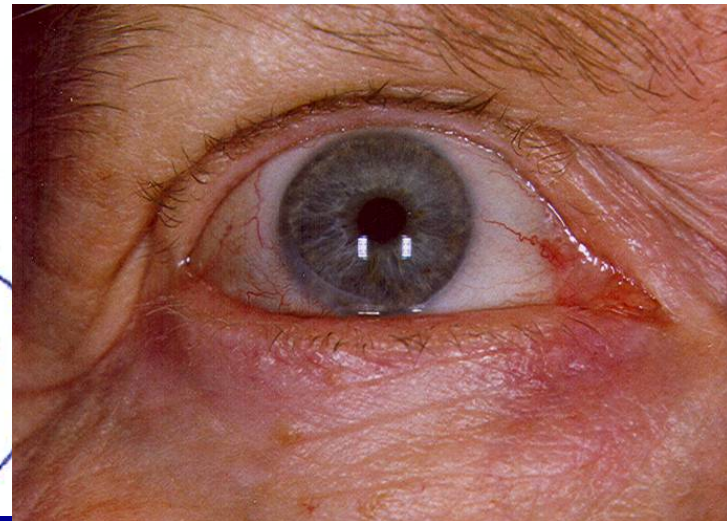
Thanks for all your words of encouragement and the assistance of your fine clinic staff.

Sincerely,



Greta Brower

(Your grateful Patient)



Patient #4 DF (David)

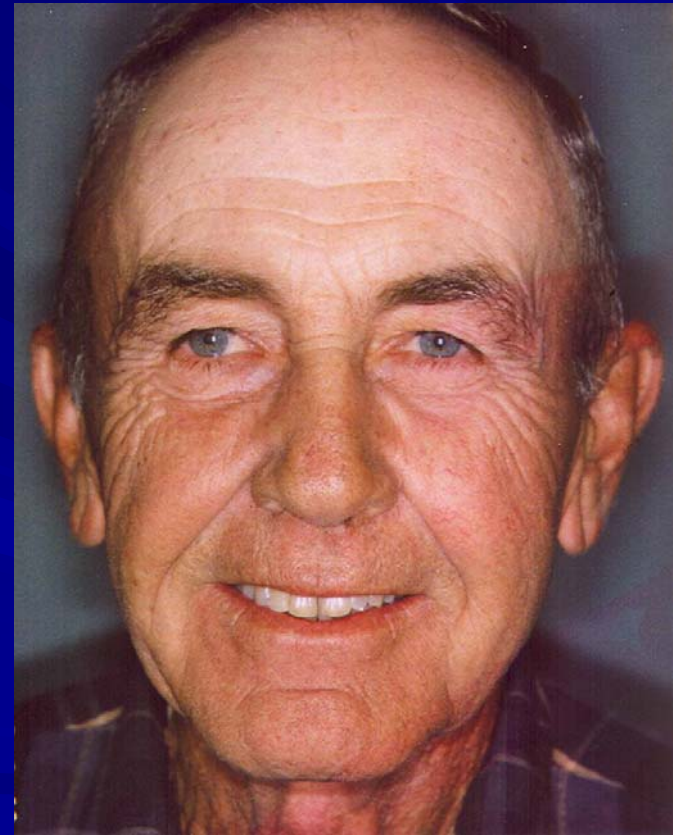
- David presented with chronic headaches, neck pain, squamous cell carcinoma, and tic douloureux.
- David is a farmer from Indiana. He has been treated for several squamous cell carcinomas on the face and since having them removed, he now reports that he suffers from tic douloureux (sharp stabbing pain in the face) on the left side.

Treatment

- The Resultant Force Vector Technique was utilized to balance the bite and two new crowns were inserted to provide adequate support and function.
- The BDORT, SDE, St. 36, EPA/DHA and cilantro were used after the teeth were balanced. The Trigeminal N. was targeted.
- Liv-Long was also added qid. Liv-Long is Proprietary blend of Artichoke leaf extract (*Cynara floridanum*) and sarsaparilla root extract (*Smilax aristolochiaefolia*).

Results

- The tic douloureux is under control without medication. ↑
- Headaches gone. ↑
- Neck pain decreased
- Skin lesions are under control. ↑
- Telomeres increased. 100 ng. to 520 ng. ↑



Patient #5 FR (Fe)

- Fe presented with inoperable metastatic breast cancer with a poor diagnosis. She was told she had less than three months to live.
- She had constant headaches 3-4 on a 0-5 visual analog scale, a stiff neck, numbness and tingling in the fingertips, pain around the eyes and visual problems, depression and fatigue.

Significant Clinical Findings

- A lateral head and neck radiograph showed significantly decreased vertebral spacing with a reversed spinal curvature.
- No lower posterior teeth were present.
- Bite was unstable.



Treatment

- Dr. Omura's BDORT, SDUE, True St. 36, cilantro, and EPA/DHA
- A mandibular orthotic (splint) was utilized to provide jaw support. RFV occlusal adjustments were made to on the splint to improve muscle tone and lymphatics.
- Liv-Long was also added qid. Liv-Long is Proprietary blend of Artichoke leaf extract (*Cynara floridanum*) and sarsaparilla root extract (*Smilax aristolochiaefolia*).

Results

- The splint was balanced and adjusted for two and one half months. ↑
- BDORT, SDUE, St. 36, EPA/DHA, cilantro and Liv-Long were helping the patient respond positively. ↑
- Telomeres increased from 70 to 320 ng. ↑
- Pain complaints subsided, energy improved, and so did appetite. ↑
- Fe died within a month after starting a new chemotherapeutic drug. She gained 6 months. ↑

Conclusions

- Dental intervention aimed at improving muscle dysfunction and lymphatic drainage may be helpful in patients with chronic unresolved pain and dysfunction and cancer when utilized in conjunction with Dr. Omura's Bi-Digital O-Ring Testing and Selective Drug Uptake Enhancement.
- Dental factors appear to increase telomeres.

Conclusions

- The cases presented demonstrate that further study is necessary and that dental factors, i.e. the stability of the bite, the force vectors that are generated by the biting surfaces, and other noxious neural input from the Trigeminal nerve complex, should be included in the differential diagnosis and treatment protocols for chronic unresolved pain, dysfunction and cancer patients.