

OPTIMAL HEALTH DENTISTRY A Specialty of Non-Protocol Medicine

SUBJECTS COVERED:

- Traditional Dental Model
- Fundamental Problems
- Health-Centered Dentistry
- Optimal Health Dentistry
- References

This article from the [AHMA](#) Journal is reprinted and edited for the purposes of this site by [LaVar H. Riniker, DDS](#).

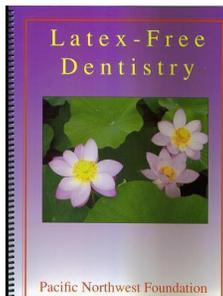
Dentists today are concerned with our traditional model of crisis-driven, tooth-by-tooth, repair-oriented dentistry. I believe that this model of dentistry, which prevails in our society today, may be the downfall of dentistry as a profession, as we all were trained in the psychologically-repressive mode where our mental health was expendable (based on the fact that dentists have the highest suicide rate among health professionals, with psychiatrists a close second). How, then, can we turn this unhealthy model toward patient-centered dentistry, where the well-being of ourselves, as well as our patients is our number one concern?

Fundamental Problems

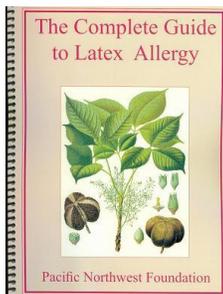
Eighty to eighty-five percent of the dentistry in our society is being redone over and over again because of aberrant birthing processes, improper infant nursing knowledge and techniques (whether breast or bottle-fed), and allergies from the milk and foods used in infant bottle-feeding. This is a key and difficult concept to appreciate, and I will attempt to bring an understanding



[Latex Allergy Resource Guide](#)



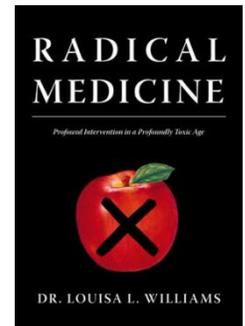
[Latex-Free Dentistry](#)



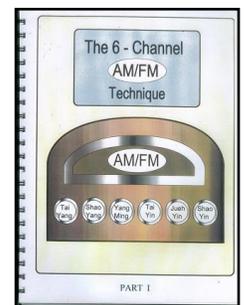
[Complete Guide to Latex Allergy](#)



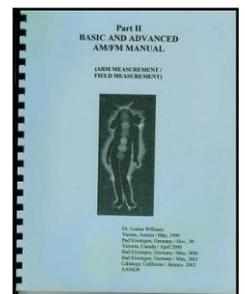
[Latex-Free First Aid Kit](#)



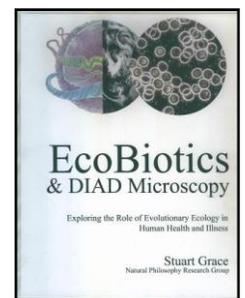
[Radical Medicine](#)



[The 6-Channel AM/FM Technique](#)



[Basic and Advanced AM/FM Manual](#)



[EcoBiotics](#)

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of this concept into clearer view, from a dental perspective.

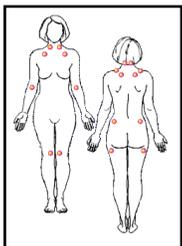
Because the structural ramifications of poor posture, poor bite, and chronically poor health are all interrelated, seventy to seventy-five percent of dentistry is necessary because of the poor inter-arch, occlusal relationships resulting from the birth trauma, allergies, misguided infant nursing and, later, "assembly-line" orthodontics. From my point of view, we as dentists have to be concerned how parents are passing on environmental and iatrogenic effects (in addition to genetic patterns) to their children and, thus, future generations.

Jaw-to-jaw interrelationships bring muscular and cranial bone stress to the body. Muscles and cranial bones set up a reciprocal stress within the pelvis, sacrum, and lumbar spine. This stress initiates a corresponding adaptive process via the dura mater and cerebral cortex. The entire body may be affected by the seemingly compressed, crowded, and mal-alignment of the dental arches. Orthodontics (done in the extraction, head gear, compressive model) is very often only going to aggravate these predisposing factors.

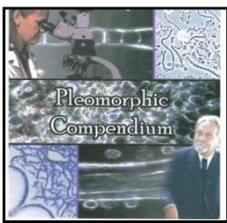
Sixty to eighty percent of birth trauma often resolves, but the remaining twenty to forty percent, combined with mal-nursing (time and technique), malnutrition, or milk intolerance (allergy), underlies the eighty to eighty-five percent need for early and repeat dental treatment mentioned above, thus creating the necessity for additional diagnostic training in Health-Centered Dentistry. In reality, only fifteen to twenty percent of our dental therapies are needed because of refined sugars. Traumas resulting in anterior tooth loss, bridges and root canals, as well as the genetic, nutritional necessity for removal of impacted wisdom teeth, create the real need for dental intervention. The rest of our dental treatments are re-treatments, due to a combination of occlusal trauma, recurrent decay, root canals, and early loss of teeth, all of which are mainly due to poor jaw-to-jaw relationships. These poor jaw-to-jaw relationships lead to structural compromises and many types of medical problems, all leading to the shortening of the life process



[Chelita: A Cancer Survivor' Story](#)



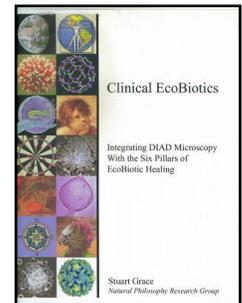
[Overcoming Fibromyalgia](#)



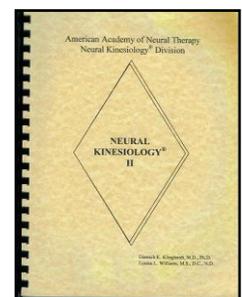
[Pleomorphic Compendium](#)



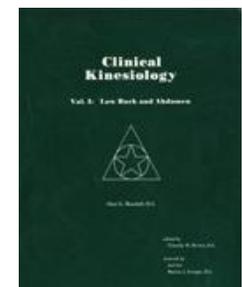
[T-shirt](#)



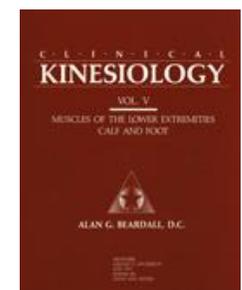
[Clinical EcoBiotics](#)



[Neural Kinesiology \(aka A.R.T.\)](#)



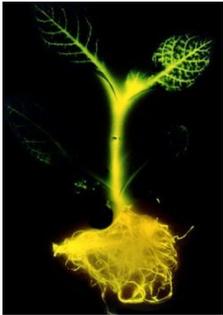
[Muscles of the Lower Back & Abdomen](#)



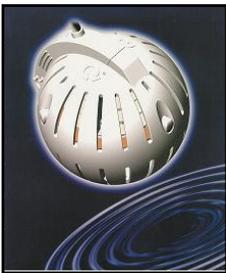
[Muscles of the Lower Extremities](#)



[Coffee: To Drink, or Not to Drink?](#)



[Genetically Engineered Food](#)



[Q2 B.E.F.E.](#)



[Multiwave Oscillator](#)

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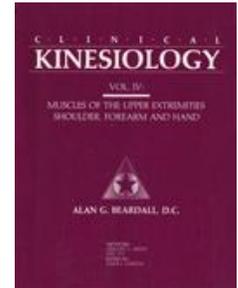
Health-Centered Dentistry

Health-Centered Dentistry (HCD) involves many things, not the least of which is removing toxic dental materials (which affect the entire body) from the teeth. These materials include most heavy metals, most root canals, and most chronic infections in the jawbone due to poor extraction techniques, especially in the third molar areas, HCD also involves structurally aligning the jaw-to-jaw relationship, primarily to the cranial bones and cervical spine and, secondarily, to the sacrum, lumbar spine, pelvis, etc. In addition, HCD struggles with finding alternatives to the traditional views of orthodontics, periodontics, oral surgery, restorative dentistry, endodontics, TMJ, radiography, and dental pharmacology.

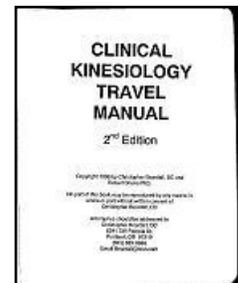
Optimal Health Dentistry

Optimal Health Dentistry (OHD), however, surpasses even HCD, because it involves complete and thorough restructuring of the mouth to eradicate infection, toxicity and mal-alignment of the entire body on an individualized a priority-and-sequence basis as is presently possible (via Neural Kinesiology or Autonomic Response Testing).

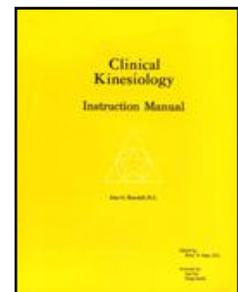
One cannot offer HCD without medical practitioners oriented towards optimal health. A dentist cannot optimally balance the body without an osteopath, craniopath, physical or massage therapist offering optimal, whole body, structural balancing. Holistically oriented dentists cannot properly diagnose and treat within their dental licensure and scope of practice all the interdisciplinary aspects of sinus and ear infections, allergies, etc., as well as provide whole body detoxification therapies and [immune system](#) support. There is a myriad of other modalities that directly affect the mouth and the stomatognathic system, most of which lies outside the abilities and training of traditional dentists today. In my opinion, dentists cannot know enough about the human body to properly treat these



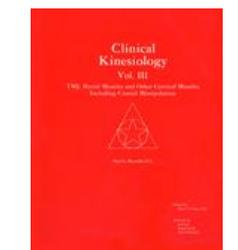
[Clinical Kinesiology: Muscles of the Upper Extremities](#)



[Clinical Kinesiology Travel Manual](#)



[Clinical Kinesiology Instruction Manual](#)



[Clinical Kinesiology TMJ & Hyoid Muscles](#)

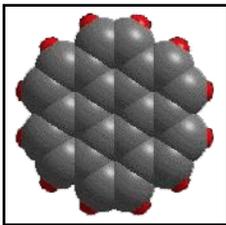
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[Biomodulator](#)



[SCENAR](#)



[Toxicity Study](#)



[Our Toxic Times](#)

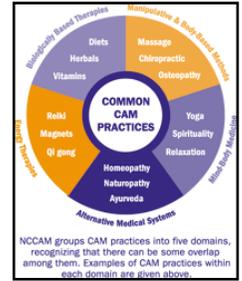


[TOXMAP](#)

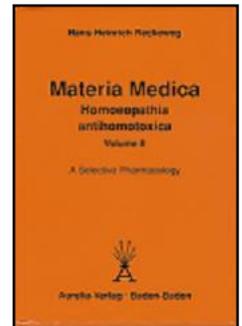
areas, in addition to our own areas. HCD, then, of necessity, should become a specialty of Holistic Medicine, at the very least, and OHD a specialty of Non-Protocol Medicine at its very best, because of its extremely unmediated, co-treatment methodology.

As dentists, we are all aware of the emotional stress and psychological ramifications of the pain, misery, and seemingly endless treatments we are often asking our patients to endure. The health-centered model of dentistry, therefore, is a major contributor to the complete health picture, with the psychological, structural, spiritual, and biochemical interactions diagnostically intertwined within a diagnostic and treatment model of optimal health. When combined with the non-protocol approach to medicine, however, optimal health becomes truly possible, and HCD then takes a giant leap forward to become OHD, thus launching us fully into the 21st century approach to optimal health: the physician-dentist team (see the Spring issue of this journal for further elucidation of this concept).

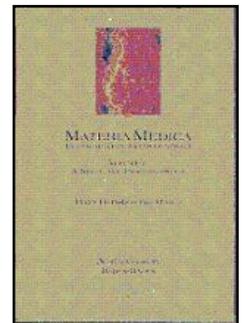
The information contained herein has been obtained from a variety of sources. This document is presented to increase awareness of the topic and educate the general public. It is not intended to be an extensive discussion of this subject, or to provide specific treatment guidelines.



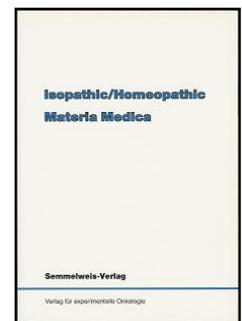
[NCCAM](#)



[Homotoxicology
Materia Medica I](#)



[Homotoxicology
Materia Medica II](#)

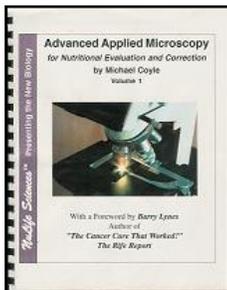


[Isopathic/
Homeopathic
Materia Medica](#)

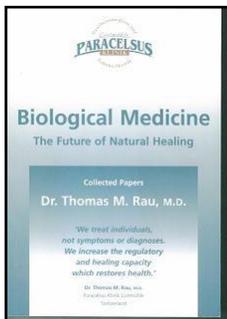
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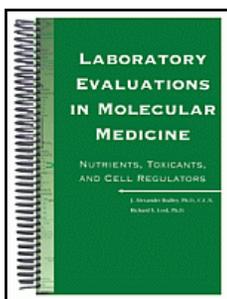
[My AminoPlex](#)



[Advanced Applied Microscopy](#)



[Biological Medicine](#)



[Laboratory Evaluations in Molecular Medicine](#)

REFERENCES

[ADA timeline](#)

[BioProbe](#)

[Capital University of Integrative Medicine](#): a university in Washington, D.C., which is making great strides in teaching a variety of non-protocol techniques in health care.

[Dental Associations](#)

[Dental Xchange](#): a rich source of information about dentistry

[History of dentistry](#)

[Holistic Dental Association](#)

Huggins, Levy, and Merrill, [Uninformed Consent: The Hidden Dangers in Dental Care](#)

[Institute of Science](#)

[Names of teeth](#): the names and numbers in Palmer notation

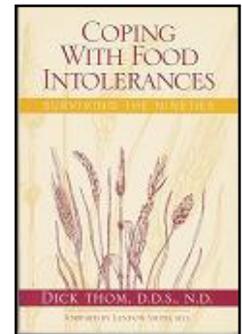
[Teeth to Body Chart](#): relation between specific teeth and joints, vertebrae, organs, endocrine glands, tissue systems, sense organs, and others.

[Timeline of Dental History](#)

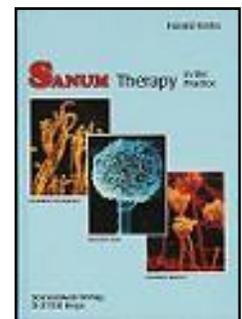
[Tooth/Muscle Chart](#): relation between specific teeth and various muscles throughout the human body

[Toxicity](#): devoted to research on toxicity and dentistry

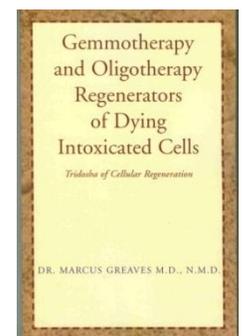
[Optimal Health Dentistry](#): Dr. Lavar Riniker's web site



[Coping with Food Intolerances](#)



[Sanum Therapy](#)



[Gemmotherapy and Oligotherapy Regenerators of Dying Intoxicated Cells](#)