

Osteonecrosis of the jaw information sheet
CIBD (Chronic Ischemic Bone Disease)
FDOJ (Fatty Degenerative Osteolysis in the Jaw)
NICO (Neuralgia Inducing Cavitational Osteonecrosis)

State of scientific knowledge

CIBD is clinically a situation in which there is no normal bone structure in the affected jaw areas. This is partially or completely replaced by fatty tissue. The current prevailing scientific opinion is that this is a normal situation that has no pathological (disease-causing) value and therefore does not require treatment.

The radiologically discreetly visible differences from other areas of the jaw are described as either image defects, normal or non-existent. The scientific literature published on this subject is considered incorrect to the extent that it affirms the existence and/or need for treatment of CIBD.

[The scientifically correct treatment for jaw necrosis CIBD / FDOJ / NICO is therefore not to carry out any treatment and to wait. Surgical treatment is rejected by the majority of dentists and university (dental) medicine.]

Experience at DNA Health & Aesthetics - Center for Biological Dentistry

The experience in the day clinic is that many people who have undergone an appropriate revision of the areas have noticed improvements in their health. Our experience is also that the treatment of chronic illnesses, which, in addition to all current conventional medical aspects, also includes treatment of all possible pathogenic causes, e.g. by stopping exposure and eliminating them, only works satisfactorily when the affected areas have been treated accordingly. They represent a permanent burden not only locally, but especially systemically, as we know from the literature (1,2,3,4,5) and many of our own case studies from our clinic. In many cases, a change can be observed in the patient's pupils because the nervous system moves from sympathetic tone (stress reaction due to the pathological process) to more parasympathetic tone once the stress has been completely removed.

Our experience is that these are the safest improvements to achieve through surgical revision. If in doubt, you should seek an alternative opinion from a dental colleague who has experience in the co-therapy of chronic illnesses
Challenges in diagnostics.

The usual method used in dental practice to date, the 2D X-ray image, usually does not provide sufficient representation (6). 3D technology has only been available to any significant extent in dental practice for a few years. The reason given for the poor visualization of bone destruction on x-rays is, among other things, the changes in the composition of the jawbone as a result of a degenerative or inflammatory process. There is a loss of calcium and phosphate in the bone, which would suggest a higher radiolucency (darker area on the x-ray). On the other hand, transition metals such as copper, iron and zinc accumulate in these areas, which in turn reduces the radiolucency of this area. In many cases, these effects can be canceled out radiographically, making it more difficult to depict them in the x-ray image, at least in the two-dimensional image (7).

[This representation is described by the majority of dentists and university (dental) medicine as scientifically incorrect.]

Surgical treatment: our treatment protocol

Today we see a concept that is essentially based on 4 pillars as appropriate therapy that respects the biological principles of bone healing:

- Jaw surgery measures
- Use of biological principles (guided bone regeneration (8); e.g. Growth factors, stem cells), e.g. with the Choukroun A-PRF(TM) (advanced platelet-rich fibrin (9))
- Supporting the body's own regeneration through targeted Change in diet (nutrition design concept) and support from Nutritional supplements before, during and after the procedure
- Disinfection of the wound area with ozone (10)
- Neural therapeutic measures

The actual surgical procedure is carried out under local anesthesia, usually using piezo technology (ultrasound instruments). This allows access to the affected bone area to be opened largely without destroying living bone cells. In practice, a bone flap is prepared with the piezo instrument through a very fine cut in order to gain access to the spongy (inner) bone.

The changed bone (fatty tissue) is then partially simply suctioned off, usually removed with hand and non-cutting piezo instruments. In most cases we encounter an extremely soft, more or less fatty degenerated tissue that contains only a few or no bony parts. Mechanical cleaning continues until we encounter an unchanged bone morphology (visual and tactile control) and the bleeding reaches a normal appearance. Especially fat bubbles, which which are a key symptom of fatty degenerative jaw destruction, should no longer be visible in the fresh bleeding into the surgical area after cleaning.

After careful excavation, we rinse the area with PSNA.

PSNA stands for the substances procaine, selenase, notakehl and arthrokolan.

The procaine increases blood flow to the area and has an anti-inflammatory effect. The selenium has an antibacterial effect and binds pollutants in the surgical area. Notakehl and Arthrokolan have a homeopathic immune-stimulating effect. We also inject the PSNA submucosally around the surgical area.

In the next step, the bone is disinfected using ozone. We know that the local disinfectant effect of ozone is very reliable and systemic side effects are not to be expected.

If the quality of the bone flap initially prepared using piezo technology allows it, it is sometimes (in fact rather rarely) treated with PSNA and ozone and finally used as a precisely fitting external closure of the operating area.

[Every single one of these steps is questioned and described as wrong by the majority of dentists and academic (dental) medicine.]

Possible complications

As with all surgical procedures, bleeding, swelling, wound healing problems and infections can occur. Restriction in mouth opening and difficulty swallowing usually subside within 5-7 days.

The following complications were discussed:

- Damage to sensitive trigeminal branches, especially in the lower jaw
- Opening of the maxillary sinus in the upper jaw
- Postoperative infections
- Damage to an adjacent tooth
- Perioperative bleeding complications
- Anesthesia-related injuries
- Post-operative swelling and pain
- Damage to prosthetic restorations on adjacent teeth
- Previously unknown risks as this is an unresearched method

No doctor can guarantee the success of a treatment or its absolute risk-free nature. The general dangers of surgical interventions, such as: B. Infections are comparatively minor in these procedures and can be easily treated by administering antibiotics if they occur. In the upper jaw, the nasal or maxillary sinuses in the immediate vicinity can very rarely open. In rare cases, an injury to the mandibular or lingual nerve can occur in the lower jaw. This results in a temporary, and very rarely permanent, numbness of the lower lip or half of the tongue on the corresponding side. This does not affect the mobility of the lip or tongue. In some cases, materials introduced (e.g. membranes) do not heal. They become loose during the healing period and must be removed or replaced.

Experience has shown that wound healing occurs

without complications in healthy people and is largely completed within a few days. It is absolutely necessary that you observe and comply with the instructions in our information sheet "Behavior after surgical procedures". This enables an optimal healing process and prevents disruptions during recovery. Temperature increases of up to 38.5 degrees Celsius can occur during the healing phase.

Declaration from the patient after the educational interview

I have been informed that to date there is no method to determine in advance the healing possibilities of the bone and gums. The healing process varies from person to person. However, further treatment depends on the healing process.

I have been informed that no guarantee of success can be given. In the event of failure, the procedure may need to be repeated.

I agree to the taking and electronic storage of photographs and x-rays during the procedure and during subsequent examinations.

My dentist explained to me that fees and material costs incurred in connection with the operation are not covered by insurance companies and financial aid agencies.

I informed my dentist verbally and in writing of any changes in my state of health compared to the patient intake form filled out during the initial examination. In particular, I pointed out allergies and the use of medication as well as other complications from previous surgical procedures.

I am aware that I should come to the operation rested, that I should not drive a vehicle myself afterwards and that I must rest for the first few days after the operation in order to speed up the healing process.

Ich wurde über die Risiken der Behandlung, die alternativen Behandlungsmöglichkeiten und entstehenden Kosten in einem persönlichen und individuellen Gespräch - auf meine Situation bezogen - verständlich aufgeklärt.

[In particular, I was informed that the CIBD / FDOJ / NICO treatment is not a scientifically recognized method and that its existence in dentistry is denied.]

Before the procedure

As with all surgical procedures, bleeding, swelling, wound healing problems and infections can occur. Please inform your doctor immediately if you have any previous complications such as hypersensitivity to certain substances/medications or nutritional supplements. (e.g. anesthesia, special suture material, etc.)

We also ask you to inform the doctor about any complications, especially if the wounds have bled excessively or you are taking blood-thinning medication. (e.g. ASA, aspirin, etc.)

Special medical risks and alternatives for the procedure

As with all surgical procedures, bleeding, swelling, wound healing problems and infections can occur. Complications are patient-specific and therefore cannot generally be ruled out, despite good pre- and aftercare.

Please inform the practice immediately if complications persist or if you are unsure about the wound healing.

Special medical risks and alternatives for the procedure

In today's educational discussion and in this information sheet, we will inform you about everything that we consider to be essential based on our medical knowledge and experience. If the connection remains unclear to you, we are available to contact you at any time.

Today I was given oral information about this information sheet by a trained dentist at the Center for Biological Dentistry in Nischwitz, where I was able to ask any questions I was interested in. I have no more questions and feel sufficiently informed.

I agree to the proposed procedure, there are no further questions. Please note that there must be at least 24 hours, preferably 48 hours, between the clarification and the signature.

Confirmation of information about the listed and planned procedure and its complications

Location, Date

Dr.

Tübingen,

Dentist

Consent to the proposed procedure after informed consent

Location, Date

Dr.

Tübingen,

Dentist

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