MICHEL MONTAUD

# THE WISDOM OF TEETH

## Dentosophy – A Gateway to Health

From Oral Balance to
Total Balance

TEMPLE LODGE

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MICHEL MONTAUD is a dental surgeon, living and working in the Drôme region of France. He is co-founder of the School of Dentosophy, a scientific society that aims to promote functional methods of treatment in France and worldwide. He has studied Rudolf Steiner's anthroposophy for 30 years. Michel Montaud's website is www.dento-sophie.com

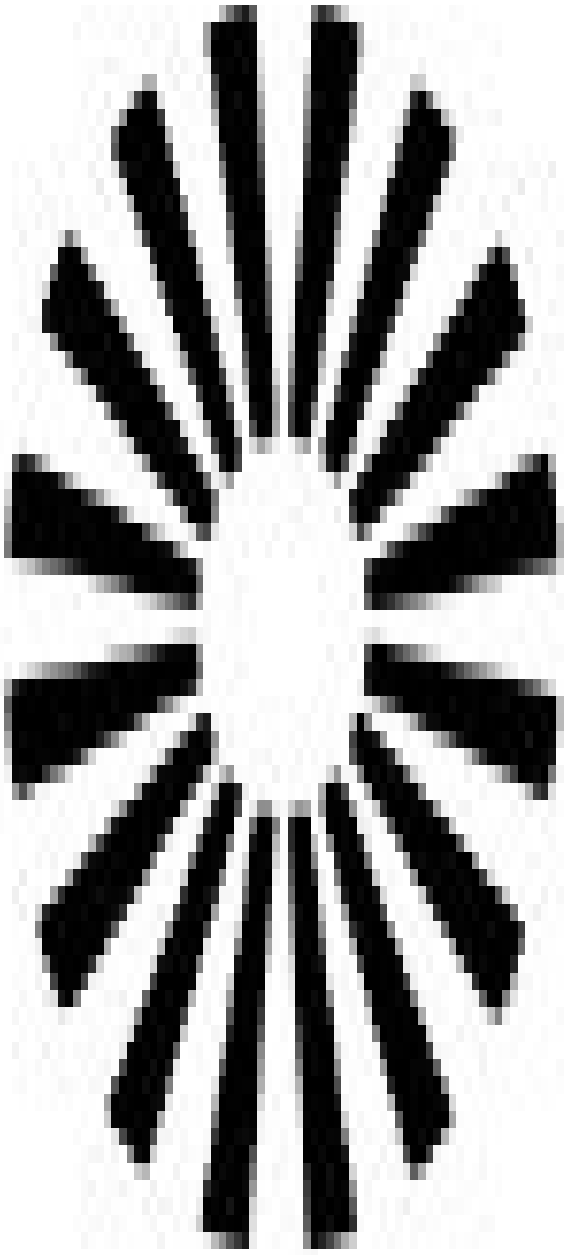
# THE WISDOM OF TEETH

## Dentosophy – A Gateway to Health

*From Oral Balance to Total Balance*

MICHEL MONTAUD

Translated by Frédéric Jacquot and Alice Destailleur



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# Contents

# Publisher’s Note

None of the medical information referred to in this book is intended as a replacement for professional advice. Any person with a condition requiring dental or medical attention should consult a qualified dentist, medical practitioner or suitable therapist.

# Acknowledgements

*To Kiki, my wife, who never doubted my ability to change.*

*To Claude and Sandy, my children, who presented me with the most beautiful gift*

*of an opportunity that a father could ever dream of. They enabled me to awaken my consciousness and in so doing, to educate them with greater attentiveness.*

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*To all my colleagues who have joined me and put both personal and professional effort into this research. I cannot list them all, but they know who they are.*

# Author’s Note

The gateway to the therapy presented in this book is the mouth – but the therapy goes far beyond the oral area. Alongside improvements in oral health, we will see improvements in all kinds of pathologies. The therapy works on the entire body and even on the inner mind. It stimulates the self-healing potential existing in every human being, and draws on the patient’s willpower. It is on this specific point that some might encounter difficulties, as the therapy requires strong motivation from the patient. Therefore, I will introduce the concept of self-care, which is essential but in itself is not enough.

It is important to highlight at the outset how vital the dental surgeon’s support and commitment are, and that the comprehensive therapy of ‘Dentosophy’* (wisdom of our teeth) does not, however, give us the competence to treat patients outside our domain. In this respect, a close cooperation with the different medical practitioners open to this multidisciplinary approach will be more than welcome.

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* Dentosophie in French.

# Preface to the Second (French) Edition

This book was published twelve years ago now. I cannot take anything away from what was written at the time, as everything here has continued to be confirmed.

In 2007, I held the diploma of dental surgeon and practised what I called Dentosophy. But I have written this book in order to give the general public solid arguments to allow them to enter into dialogue with professionals, without being pressured by ready-made and rote-learned responses.

At the time, I thought that only dentists could train and practice Dentosophy as professionals.

Life events have shown me my error, because I have been challenged by those I will call ‘non-dentists’. They requested to take part, with such enthusiasm and strength of will, that it was impossible for me to deny them access to dentistry training. They later proved to me their effectiveness and authenticity.

Above all, they brought me confirmation of the chasm that separates the words ‘knowing’ and ‘knowledge’. By ‘knowing’ I mean the fruit of an acquired teaching, involving our intellect and calling upon theoretical notions. Knowledge – etymologically, ‘to be born with’ – is the fruit of the whole evolution of the human being. Knowledge is innate, meaning that it is within us from birth.

*Our current scientific knowledge is a drop in the ocean of broader knowledge. My drop of water, originally dental knowledge, forced me to throw myself into the ocean. But the ocean is gigantic, and I am well aware that it will take me more than a lifetime to know it. I have been travelling for forty years now and not a day goes by without me making a discovery that confirms the consistency of this path – where everything comes together, where information is complementary, and where the different lived experiences support each other.*

The search for knowledge allowed me to understand that I had to broaden the concept of Dentosophy, because in Dentosophy the connotation with teeth can

dominate and make one think of a therapy concerning only teeth… and therefore dentists.

Twelve years have passed, and it has become necessary to redefine Dentosophy. The meaning has become too simplistic, because it no longer describes a therapy reserved for dentists, but a ‘life path’, allowing us to work on our deep blockages and recurrent modes of functioning when facing life.You do not have to be sick to access this life path or to desire to change these structural blockages.

It is therefore no longer the domain of medicine. The path of life concerns all humans, and this led me to choose the word ‘humanosophy’† (or ‘dento-humanosophy’‡, to mean that the mouth and teeth are only a doorway). Access to this dento-humanosophy will therefore no longer be reserved for dentists, but for all human beings who feel challenged by this journey. They can then follow the training and share this knowledge with all who request it.

Today, we need to dissect the foundations of medicine in order to find out why it works the way it does. To do this, we need to check the original beliefs that were taught, and to realize that they are either wrong or, clearly, incomplete. We can then see that the human body, as studied by medicine, represents only the tip of the iceberg, based on material-scientific knowledge. Almost all of this iceberg is engulfed and invisible, as it is based on knowledge of the human being as a whole. We need to find out about this whole human being, and thus we need to think differently.

‘We cannot solve our problems with the same level of thinking that created them.’ In this quote, Albert Einstein sums up everything in a very clear manner. Problems concerning knowledge can never be solved by that same knowledge alone. The current functioning of the world confirms this to us. Dento-humanosophy will become a quest for human well-being. For this, we should take the path that leads to balance. Dentosophy then really becomes a gateway to this ‘humanosophy’.

*Medicine deals with human diseases. Dento-humanosophy deals with the whole human being.*

Medicine and dento-humanosophy are in no way comparable. Each one evolves in a very particular world. The ‘dento-humanosopher’ does not practise medicine, since he or she does not occupy themselves with diseases; and doctors

do not practise dento-humanosophy, since they do not occupy themselves with the whole human being. Medicine is a profession whilst dento-humanosophy is a path.

I will now explain this to you in more detail in my book.

Michel Montaud 2019

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† Humanosophie in French.

‡ Humano-dentosophie in French.

# Preface

## MY STORY

I am a dental surgeon, working in the private sector. I also operate in a clinic where I extract wisdom teeth and premolar teeth according to my fellow dentists' and orthodontists'§ prescriptions. As far as premolar teeth are concerned, we frequently see dental crowding in children's mouths. We then have to extract some of them to allow the others to realign themselves. Nowadays, at around 12 years old, children's premolar teeth are extracted and this is a routine, minor procedure.

We are in 1982… Externally: a textbook life: a graduate with a lovely wife, two beautiful children, a successful practice, and consequently, a lot of money… life is good. Internally: I suffer from tremendous back pain, to the extent that I consider stopping work as a dentist. The doctors are talking about 'ankylosing spondylitis'. At the same time, I suffer from chronic stomach pain. I do sports, yet my legs hurt when I have to climb the stairs to my practice. No, I am not 90, I am 28… and every morning when I wake up I am exhausted!

At that time my son, Claude, is 3 years old. He has been crying every night since he was born. Absent from home a lot due to my overwhelming workload and stressful practice, I spend little time with him. My spouse spends her time talking to him, singing to him, telling him stories, being a mother while I spend mine 'pretending to be his father'. She spends a lot of time at night soothing him, so as not to wake up the worker, the breadwinner, the Head of the Family! You do not wake up the Head of the Family.

Feeling helpless in dealing with our child's behaviour, we consult specialists who find no solution other than to 'drug' him so he can sleep… actually, so I can sleep.

Then, the crying turns into very violent nightmares.

Claude’s testimony at 20 years old:

*I was nine years old and nearly every night for a long time had been experiencing what psychiatrists commonly refer to as nocturnal terrors without them really understanding the full effect these particular nightmares have on the children concerned.*

*Without being aware of it, I would get up, my eyes wide open (like sleepwalkers do), with a feeling of terror I could not describe in words. My greatest fear was that I would hurt my family during one of these uncontrollable episodes, a bit like the little girl in The Exorcist, who was bewitched by the devil.*

*You can perhaps imagine then what my days were like, in these circumstances, as I remained permanently haunted by the spectre of the looming night. The best time for me was actually the morning, when one could see the sunshine, that is, the moment furthest away from the night.*

‘It will pass’, systematically answer the paediatricians we consult. But despite their reassuring opinion, it does not pass! The child grows up with his nightmares…

At the same time, his mouth appears to be more and more unbalanced, and finally the orthodontists recommend the extraction of the four premolar teeth which will necessarily be followed by the extraction of the four wisdom teeth… In addition, in my son’s case, it was not just about straightening teeth, it was also about finding sufficient space for teeth to come through before hopefully putting them into their right position. A year earlier, the idea of extracting healthy teeth from children’s mouths had started to bother me and I had decided to stop doing this.

Imagine my reaction! What?! My own son does not have enough space for all his teeth on his dental arch? I, his father, a dental surgeon, presumed to ‘know it all’ in this area, would have to resolve to take his permanent teeth out, when I had stopped this practice for my other young patients! Intellectually, this eventuality appeared unacceptable to me, but in reality there was no other solution. I knew the diagnosis to be irrefutable and there was no conceivable alternative. But I strenuously refused to accept this outcome.

In retrospect, I am able to appreciate even more the determination of a person when they are sure they are right. Suddenly, when one is certain they are on the true path, the path opens wide and one has the strength to follow it.

For me, this path came in the form of an appointment with a homeopathic practitioner, who my wife and I were consulting about our son. I was telling him about my refusal to extract my son's teeth. He then vaguely mentioned a 'gentle method' for dental straightening that he had recently heard about. Generally, this is the kind of comment that a dentist will not take into account, especially when it comes from a doctor. But it should be pointed out that at the end of their medical studies, doctors are ignorant of what is happening in the mouth, and dentists are ignorant of how the human body works.

And yet… This scene took place on a Friday. I immediately looked into it and heard that a conference about the teeth straightening device was to be held the following Sunday in Paris… I went there. This is when I had a life-changing encounter in the shape… of a banal rubber mouthpiece. That Sunday, I met Professor Besombes,** co-inventor of a latex mouthpiece.

I had heard the theory but at that time there was no clinical hindsight. Indeed, this mouthpiece had been invented in 1953 by Professors Soulet and Besombes and it had been unanimously labelled by science as an obsolete technique. Thirty-five years later, there was no existing proof, recognized by the Faculty, of potential benefits with this activator.††

For the scientist that I was, no more was needed to make me… run away.

*And yet… What held me back?*

One cannot imagine how I felt on this momentous Sunday in Paris, or during my journey back in the TGV [high speed train]. It seemed as if I had stepped onto another planet; an inner planet where well-being exists; well-being that I had never felt to this extent. Now I know that to attain your happiness, you have to be in 'the right time', that is, to live in the well-known 'present moment', the 'here and now'. Relishing this state can only happen in consciousness and consciousness can only be experienced in the present. We will get back to this later.

Today, I realize that for the first time maybe, I had been conscious of my state of being 'in the moment'. I know mundane words are incapable of describing such

a feeling. Nevertheless, it is necessary to do so.

Today I still do not have any scientific answer and the ‘Cartesians’ will be disappointed. I can only quote Einstein:

There is no logical path to discover the elementary laws of the Universe, the only path is intuition. The mechanism of discovery is neither logical nor intellectual, it is a sudden illumination, almost an ecstasy.

I can only agree with this quote from Einstein. For the first time in my life, I became familiar with ecstasy…

That same evening, I put IT in my son’s mouth. I had no idea what would happen but I knew that Claude could not harm himself with this mouthpiece. Here is the continuation of the testimony he gave when he was 20 years old:

*… I had symptoms of dizziness, sometimes severe ones. My parents, feeling helpless, had taken me to see the best experts, who had me undergo electroencephalograms and many other examinations to diagnose my pains.*

*One day my father came back from a conference in Paris, and with a passion and love which was new to me, said something that has remained engraved in my memory: Here, wear this’, while handing me a rubber mouthpiece.*

I chewed an activator for the first time. I immediately sensed that this was my chance, just as my father had understood it was his as well.

*I then showed so much determination, and unconsciously so much trust in my father, that within a week of chewing (I did not wear it at night yet) my terrifying nightmares, which even haunted my days, disappeared along with the dizziness and all the related disorders.*

*Such results, you can imagine, gave me enough motivation to continue the treatment and rebalance my mouth and my life; all the more so, as I was watching my father transform and change the whole family.*

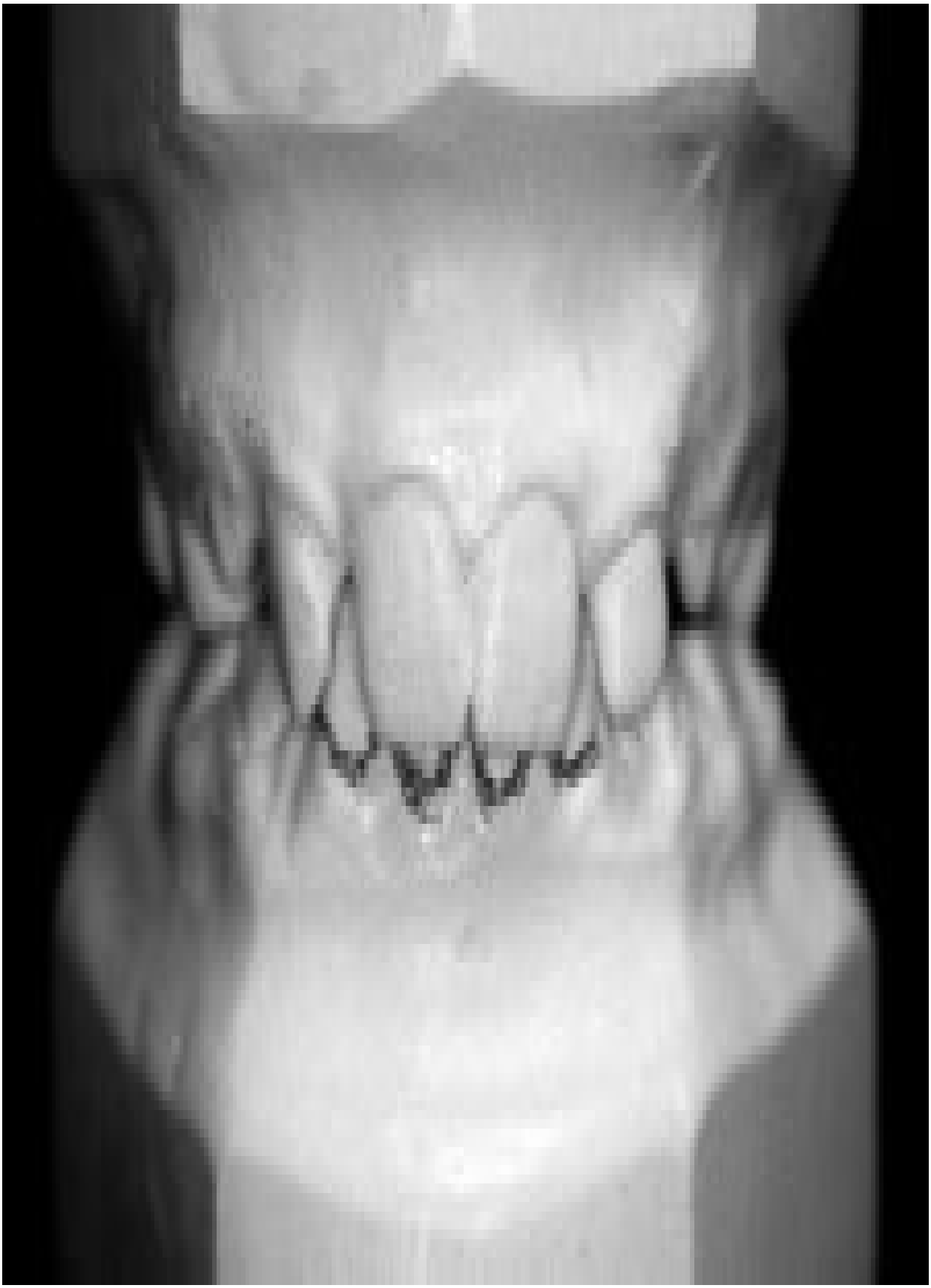

*Photo 1: Before treatment*

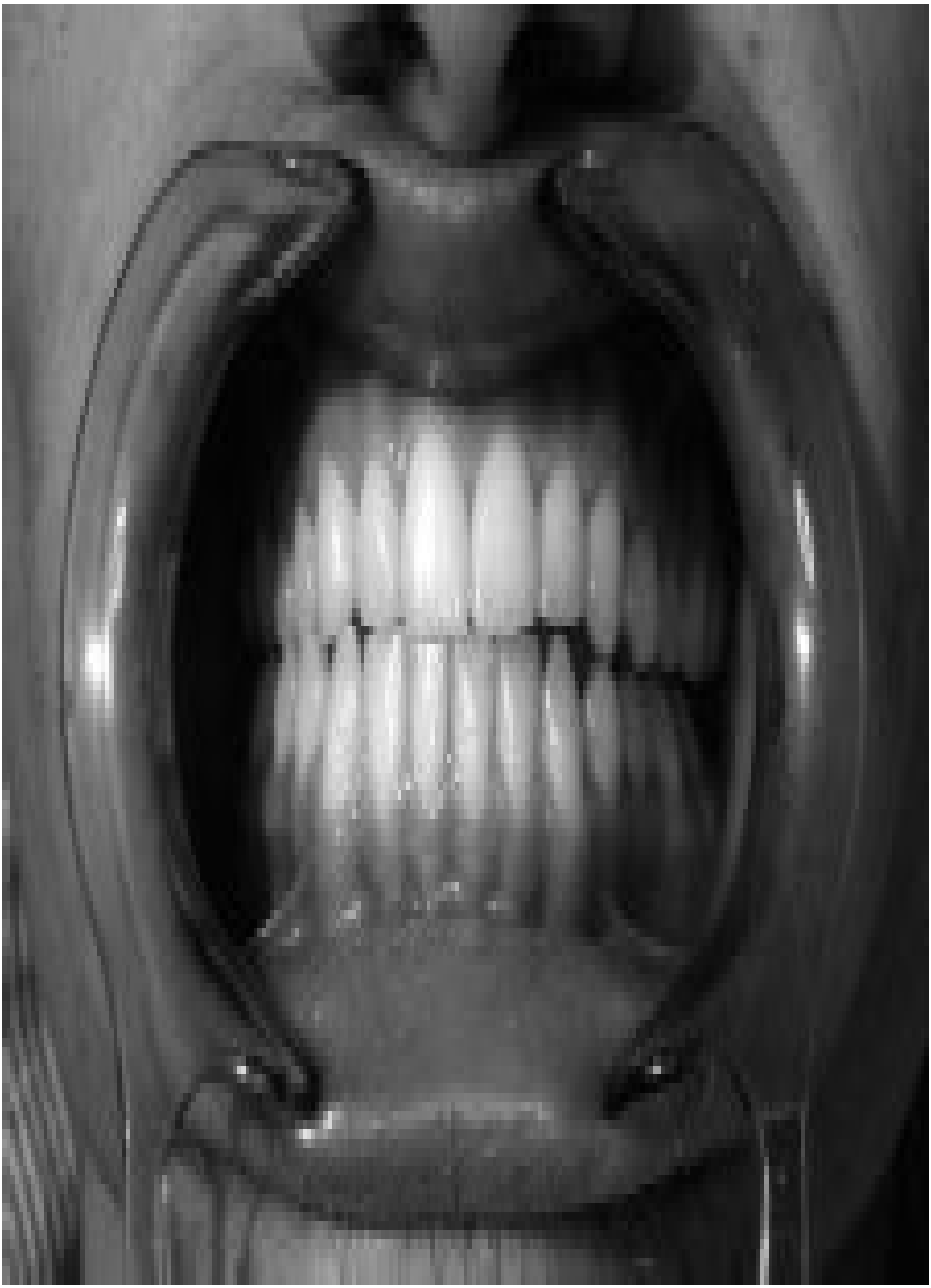

*Photo 2: After treatment*

From this ‘encounter’, I witnessed the incredible. My abdominal pains followed by my back pains gradually disappeared; my asthenia (the immense fatigue when waking up) disappear as well.

My son’s mouth will rebalance perfectly, without any surgical procedure. I was astonished more than I could ever have imagined, as I had learned all of this was unattainable; it was deemed scientifically impossible.

The observations I made concerning my son were confirmed with the other young patients. My amazement at the seemingly impossible was endless, and the straightening that was achieved, thanks to this rubber mouthpiece, went beyond understanding.

I must say that at this stage of my observations I felt like the new-born baby discovering life on Earth, at the beginning of life, constantly seeing things for the first time with eyes ‘in the present’.

This awoke me to ‘the sense of time’; to giving myself time; to taking the decision to be the master of my own time rather than time being the master.

Thus, I reduced the time spent at the practice and gradually took ‘holidays’ more and more often to satisfy my need for research.

This upheaval in my life obviously had to have an impact on my professional approach. If I wanted to understand these events, I had to commit myself totally to the research of this therapy. This was the beginning of a great adventure which continues each day…

At that time, I became aware that: I am not a dental surgeon; I became one because life planned it… but I am a human being.

And to be aware of this, changes everything concerning our way of functioning because if we want to develop as dentists, we need to start by working on the whole human being. I will describe, in detail, the path I followed during all these

years and the stages I went through to reach ‘Dentosophy’.

For the last fifteen years or so, along with a friend, we have set up a training programme for healthcare professionals (essentially dentists but also some doctors, osteopaths, psychotherapists, speech therapists…). This is why I will sometimes use ‘we’ instead of ‘I’ to represent all the colleagues who are working on the development of this therapy.

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§ See Glossary for this and all technical terms.

** See Bibliography for all references.

†† See Glossary.

# Introduction

# DENTOSOPHY

# *I – What is Dentosophy?*

Definition of Dentosophy (or wisdom of the teeth):

*A therapy, characterized by a holistic approach to dentistry, based on practical techniques and highlighting the link between oral balance, our own balance and by extension the world's balance.*

But what is this all about? There would be a link between our teeth, ourselves and the world! How can we say such a thing?

Within each human being there are the four kingdoms: the mineral, the plant, the animal and the human kingdom. Dental enamel uniquely composed of mineral, is the most durable in the human body, and in which is embedded the history and trauma from our most ancient past. The mouth can help us decipher these roots.

To become a whole human being, one needs a certain open-mindedness, a certain ability to believe, without proof, things that are beyond our understanding. (Martha Nussbaum)

This book is dedicated to all those who never shut the door and who dare to say 'Why not?' before trying this therapy for themselves. This book is dedicated to all those who will not shut the door and will start walking the path.

For many years now, the combined effort of myself and others has highlighted the irrefutable links between oral balance, a human being's balance and consequently the world's balance, because we create the world we live in.

So, what are these links between the mouth, ourselves and the world? Can our true being be revealed through our mouth?

The mouth and the teeth speak to us. Let's listen to them, let's look at them, let's

understand them. They will tell us our personal narrative and allow us, if we so decide, to heal ourselves from what we learn. But…

# *II – What is Healing?*

We do not always think carefully about the ambivalence of the word healing. Of course everybody thinks they understand it.

During the first consultation, I often ask my patients this question: ‘Are you shocked if I tell you that the only doctor for you is yourself?’

For millennia, the greatest wise men have claimed that the power of healing resides in ourselves. This does not surprise many people. Generally, patients are not surprised and agree.

I then ask: ‘If we really are our own doctor, why do we consult others when we get sick?’

Routinely the answer is: ‘We cannot resolve everything on our own.’

This may seem fair enough. We consult a therapist… the symptoms disappear and we then talk about healing.

But when are we our own doctor in that case? Actually, when patients talk about the ‘inner doctor’, they are thinking only about their powers of self-healing. These are, for example, the immune system, scarring over, fracture healing, that occur on their own, without our assent. They are beneath the conscious level. But can healing be summed up like this?

So, what is healing? Healing is regaining health. What is health? It is ‘the state of someone whose body functions normally’. (Larousse)

What is normal functioning? For the majority of people normal functioning means not getting sick.

So, when we ask the question: ‘What is health?’, ‘not to be sick’ is the most common answer. Thus, in our favoured expression a word is defined by the negative of its opposite. Yet, this is not feasible. The definition of a word cannot

be based on its opposite. It is evident: in ordinary language we do not find a definition for the word health.

It is consequently the same for the word healing. If we do not find the meaning of these words, it is because for decades we have been mistaken about the direction of thinking we should follow.

We could redefine the definition of health like this: It is healing systematically every time we get sick, which is totally different from ‘not getting sick’.

*Health is the ability to use our self-healing processes at any time; it is a physiological life process.*

Let’s think further. These healing processes are used constantly. We are confronted every second with germs (viruses, bacteria), with thermal stress (abrupt temperature changes, for example), and in medicine what we call ‘physiology’ (or the normal state) is just one’s vital capacity to adapt continuously. And these adaptations occur unconsciously.

But when does adaptation end and when does sickness start? We could answer: ‘When the capacities of adaptation are overwhelmed, sickness sets in.’

But where is the line between adaptation and sickness? It is we ourselves who define it. When we are febrile the rise in temperature has indeed been produced by the body. The body then still adapts, but this time we are conscious of this adaptation and fever is considered the beginning of an illness. We call it a symptom and, therefore, this is no longer in the realm of the unconscious. However, if the body produces fever when it needs to, it means it has the power to do so, just as we breathe through the mouth when our nose is pinched. Nobody forces the body to raise its inner heat, which is used to try to burn off some ‘assailants’. It is a natural biological function, of which we are totally unaware (it is the observation of the fever that reaches our consciousness, not its trigger). We can say that the reaction to sickness is also a normal life process. The only difference, compared to adaptation, is that we become conscious of the symptom.

Adaptation could be called ‘sickness cured without awareness’ (the immune system, scarring etc.) and sickness would be then a ‘conscious adaptation’. To reinforce this statement, I propose the following: We make ourselves sick through eating and we cure ourselves through digesting. (The example here is

based on a non-toxic diet, obviously.)

Now, it is vital to eat because if we don't we die; therefore, we have to eat. Eating on its own is not enough; we have to digest too. Indeed, if we do not absorb nutrients through digestion, we get sick (indigestion, vomiting, diarrhoea). If this persists, we die.

Eating is indispensable but not sufficient, and digesting is a compulsory step. Digestion is the breaking down into molecules of the substance coming from the outside. We have to transform everything in order to absorb and allow, among other things, food to pass the intestinal and pulmonary barrier. We cannot directly inject unprocessed food or air into the blood without causing death. Thus, we have a vital need to 'humanize' any substance coming from the outside.

Here we are encountering a law of Nature: Everything that comes from the outside world is poison (air, food) and yet we vitally need it.

Based on these observations, we could say: Hunger is a 'symptom' of the 'eating' illness, which is a natural, physiological and indispensable phenomenon. We 'heal' hunger by digesting every meal, all through life. For everybody, eating and digesting are considered to be a normal, natural process; therefore, this normal process is used to constantly heal.

*I make myself sick through eating and I cure myself through digesting. Accordingly, being healthy means having the ability to continuously stimulate the healing processes.*

*If normality is to heal systematically, it means illness is a necessity (like eating), and healing is an obligation (like digesting).*

We could also compare sickness with imbalance and healing with balance. Let's take the example of walking. When we walk, the right foot for example is lifted ready to land. At this moment we are imbalanced, but as soon as the foot lands we recover balance, and immediately the left foot leaves the ground this leads us to a state of imbalance again, until the foot touches the ground and we again recover the balance, etc. Walking is a succession of balance and imbalance.

*In this instance, as for sickness and health, imbalance becomes a necessity and balance an obligation.*

We have seen that adaptation is in fact a sickness cured without intervention at the conscious level, setting into motion the unconscious self-healing processes (like eating triggers the digestion process), whereas we are conscious of obvious disease.

But, conscious of what?

If our body is capable of dealing with the great majority of adaptations, why does disease exist? Disease certainly has something to tell us and we necessarily have to understand something, or it would remain an adaptation.

*The disease would therefore have a meaning.*

Here we introduce the question of why? and what for? namely: What is the meaning of sickness? What do these pathologies mean? For what purpose do they appear? Remember: we eat and digest, more often than not, in a completely harmonious way. We walk without falling.

*Hence harmony is the norm.*

If harmony is natural, the sick person is an illusion created by us and a sick world is another of our illusions. The diseases reflect their hosts (us), and the world reflects us, as we are the ones who create it.

But we perceive the functioning of the world the same way we habitually perceive diseases: this is not ideal! How can we understand a different way of thinking?

It is now time to mention certain ways of thinking from antiquity. When our illustrious ancestors talked about ‘Man’s inner doctor’, they alluded to the psycho-emotional being, that is, the thinking and feeling being, and not only to the unconscious self-healing processes.

By announcing that ‘sickness is a necessity and healing is an obligation’, as the normality, we understand that we oscillate continuously, in a physiological way, between these two states of being. The promoter of this oscillation is our psycho-emotional functioning. A certain temperament is going to make us tilt one way or the other and we should always know how to address the disease. We always have the choice between chaos and harmony or disease and healing (and not merely relief). Disease is a natural biological function, like eyesight or breathing.

*Sickness is part of health.*

It then becomes a friend as it gives us perception. It guides us continually, saying: ‘You are not on the right path. It’s okay; you just need to look at your map and come back to the previous turnoff. Then you will be on the way to healing.’ This healing (but also sickness) always comes from the inside (that is, from our state of being), whereas many people think it comes from outside ourselves.

The disease makes us aware that our functioning mode is not harmonious, and it is there to advise us and allow us to change. Here is the true purpose of the disease: A necessary presence to awaken ourselves to healing, essential in order to be ‘restored’.

And when we are restored, the sickness will have no purpose. It will no longer have anything to tell us. It will remain in the unconscious adaptation process.

We now understand why sickness crosses the threshold into our consciousness, instead of staying in the unconscious adaptation process.

Thus, sickness takes on another aspect and healing a different meaning. We will see, through this book, that what we experience in life can instigate our comprehension of our autobiography and trigger our own healing processes.

# Chapter 1

## OUR APPROACH TO DENTAL CARE

*'Scientific hypotheses are necessary to the march of progress, they are the main driving force of research, which in the end is just the verification and refutation of hypotheses.' (Claude Bernard)*

The usual scientific procedure starts from hypotheses based on observations, then verifies these hypotheses and draws the necessary conclusions.

And indeed, this analytical process will allow me to present, throughout this book, indisputable results which have been scientifically tested. The therapy we propose has indeed been validated by hundreds of clinical cases. So far, we have not found one patient whose mouth can refute (if I may say!) what I will advance and what has become a daily reality for us.

But first and foremost, let me describe the activator briefly.

*I – Another Dental Therapy*

# 1. History

In 1953, Professors René Soulet from the Faculty of Clermont-Ferrand and André Besombes from the Faculty of Paris presented for the first time a functional orthopaedic device called the ‘Soulet-Besombes splint activator’, for the correction of mouth dysmorphia, and intended for a wide range of people.

During the same period, Professor Pedro Planas from the Faculty of Madrid (later from the Faculty of Barcelona), introduced his ‘track plates’ to the medical world and developed his theories on occlusal balance and the laws concerning the development of the stomatognathic system (Neuro-Occlusal Rehabilitation or NOR).

These methods had real medical significance, were well developed in the 1960s, and were highlighted at the French Orthopaedic Society’s Congress in 1961, but later were deemed obsolete and [the concept] scuppered by a whole range of the commercial interests of remedial practices promoting fixed orthodontic techniques such as braces.

Professors Soulet and Besombes, on one hand, and Planas on the other, turned their attention to developing functional methods (without a fixed appliance) which were true discoveries. But innovating can be very complicated because the inventor often gets ‘trapped’ in his invention. Moreover, he will be confronted with opposition or inertia from the majority of his colleagues. This is the reason why we use these discoveries today with an objectivity that others could not have at that time.

With experience, we realized that these discoveries were not an end in themselves, but rather, they represented the foundations of a much bigger therapy. In summarizing these methods, we could capture their essence on a technical level of course, but first and foremost we were able little by little to increase the possibilities of oral or dental transformations by a comprehensive support of the patient, which is totally outside the norm in our profession.

# 2. Practical Aspects

The method is a therapy based on exercises practised by the patient wearing an activator, a sort of double rubber retainer that you place in the mouth. This activator has the peculiarity of being multi-functional, that is to say it rehabilitates the neurovegetative functions (breathing, deglutition, sucking-chewing and phonation), and leads to a profound transformation of the patient.

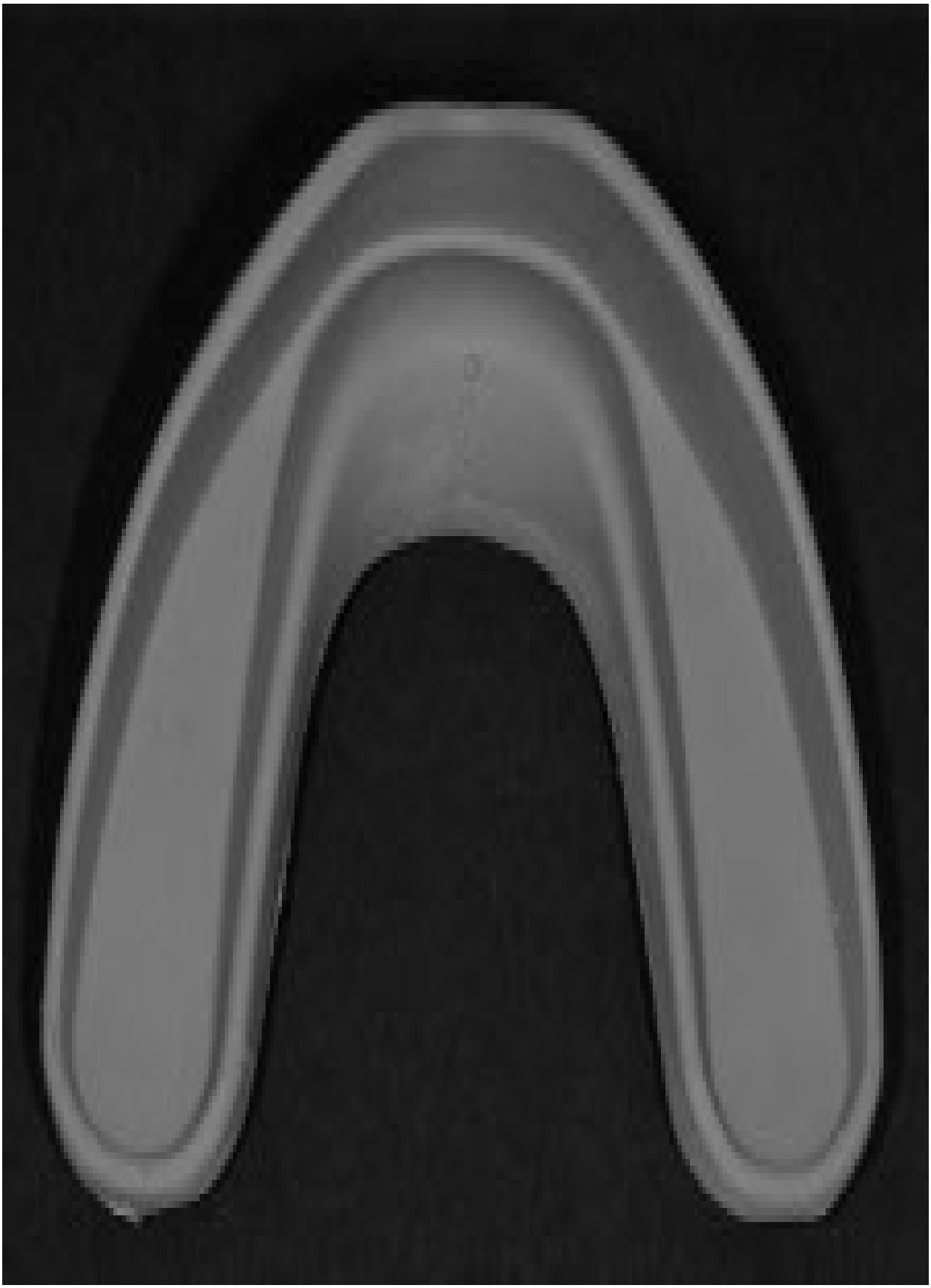

*Photo 3: Top view*

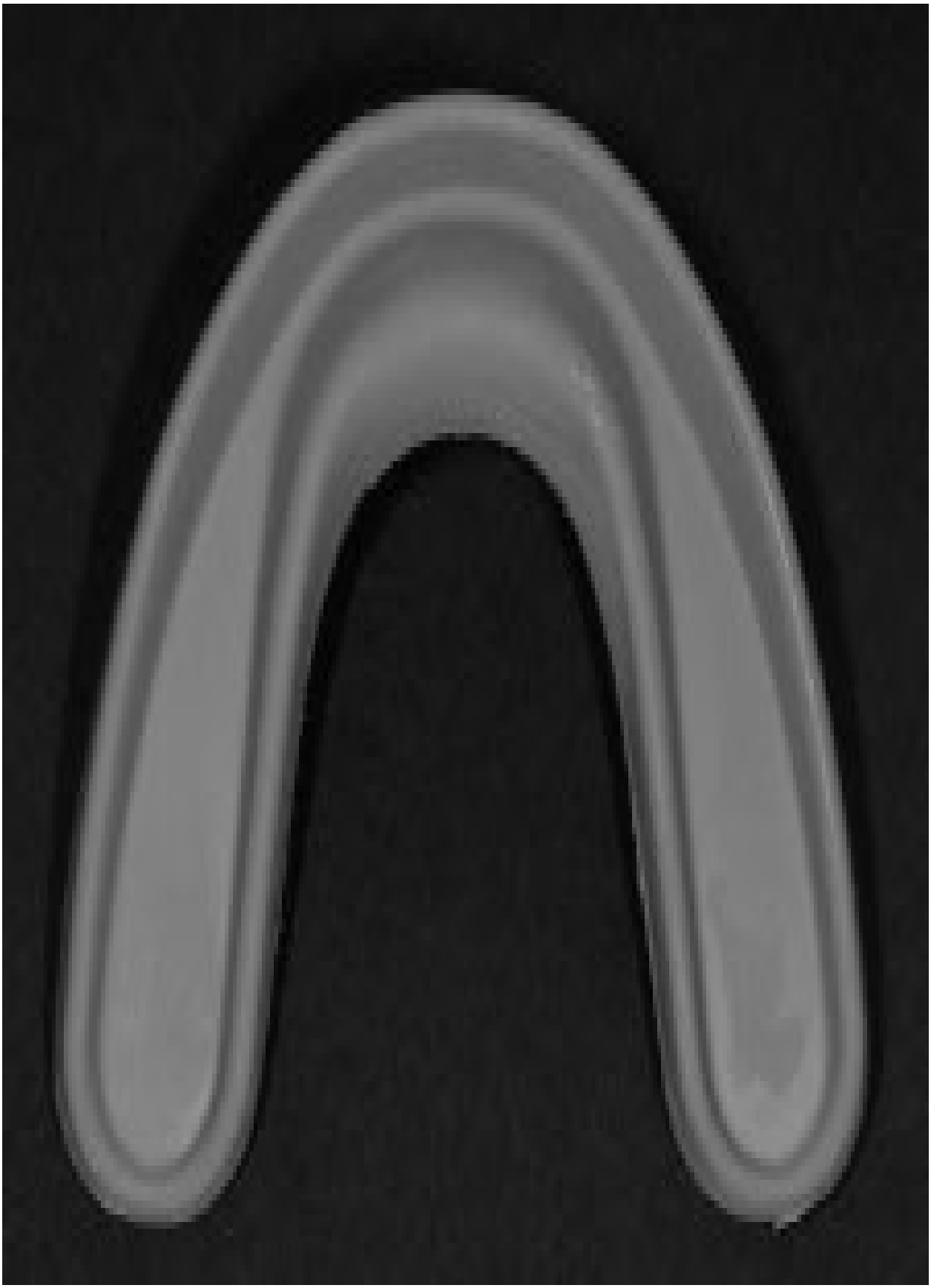

*Photo 4: Bottom view*

The length of practice time with the activator is variable depending on the age of each patient and the therapy's evolution, but in general the time does not exceed three times 20 minutes per day for the adult. Moreover, wearing the activator at night allows an interaction with the patient's subconscious, which is key to the success of the treatment. The multi-functional activator will be used continually throughout the treatment.

We use other tools which have turned out, over time, to be absolutely indispensable for the success and especially the sustainability of the treatments. Despite being very different from one another, they all have in common the particular attribute of stimulating the self-healing processes. It is the intelligent use of this or that tool during the treatment which makes this therapy so rich and extraordinarily effective. For the sake of simplicity, I will not develop this aspect in detail in this book, but it will be the subject of another book.

# *II – Clinical Results*

Before proceeding any further, let’s have a look at a few clinical cases, which will allow you to familiarize yourself with this therapy.

Sylvain* is 40 years old when he looks into Dentosophy for the first time. We will study his case in detail a bit later. For now, let’s just observe him without any detailed explanation.

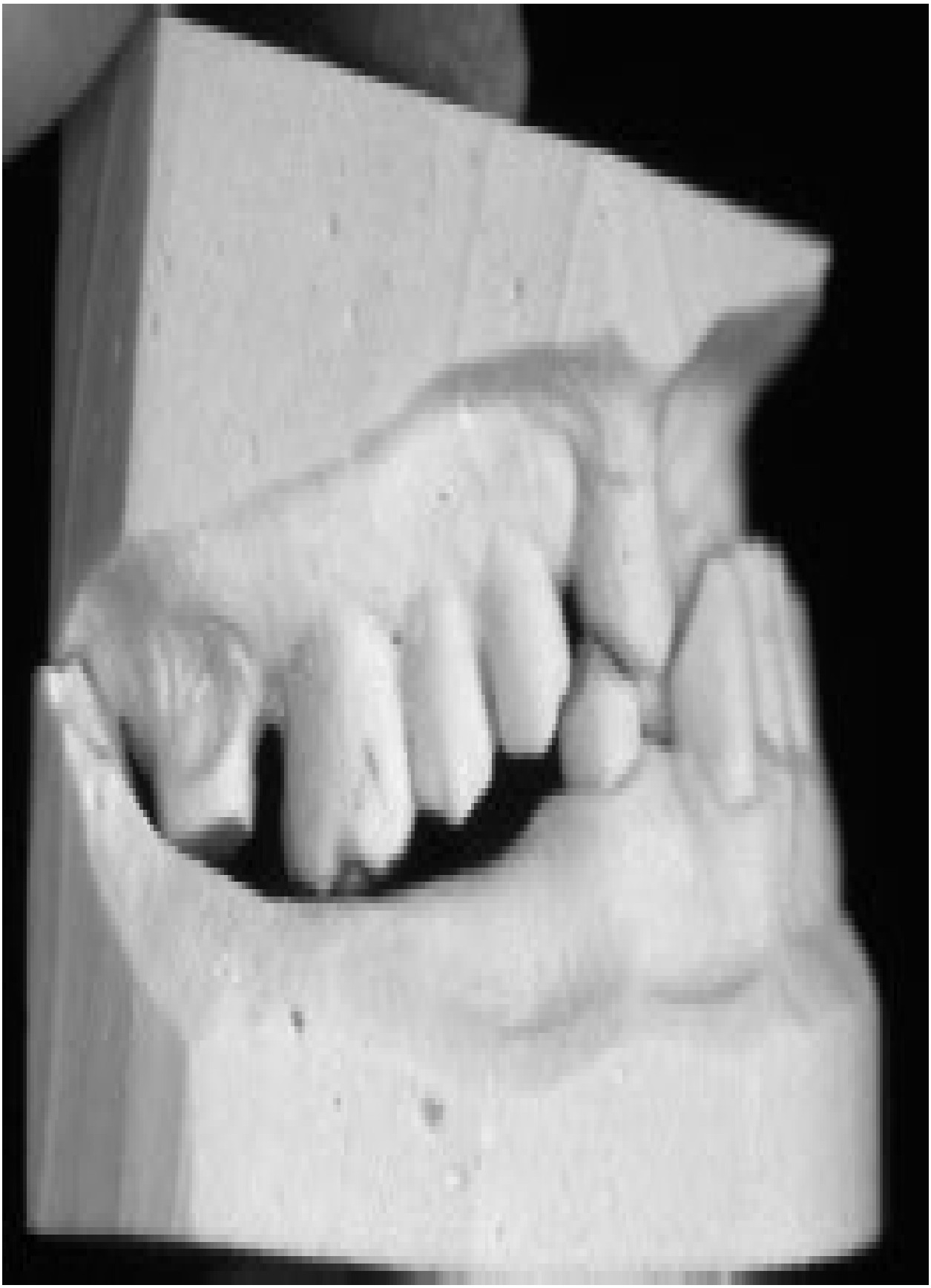

*Photo 5: Before treatment*

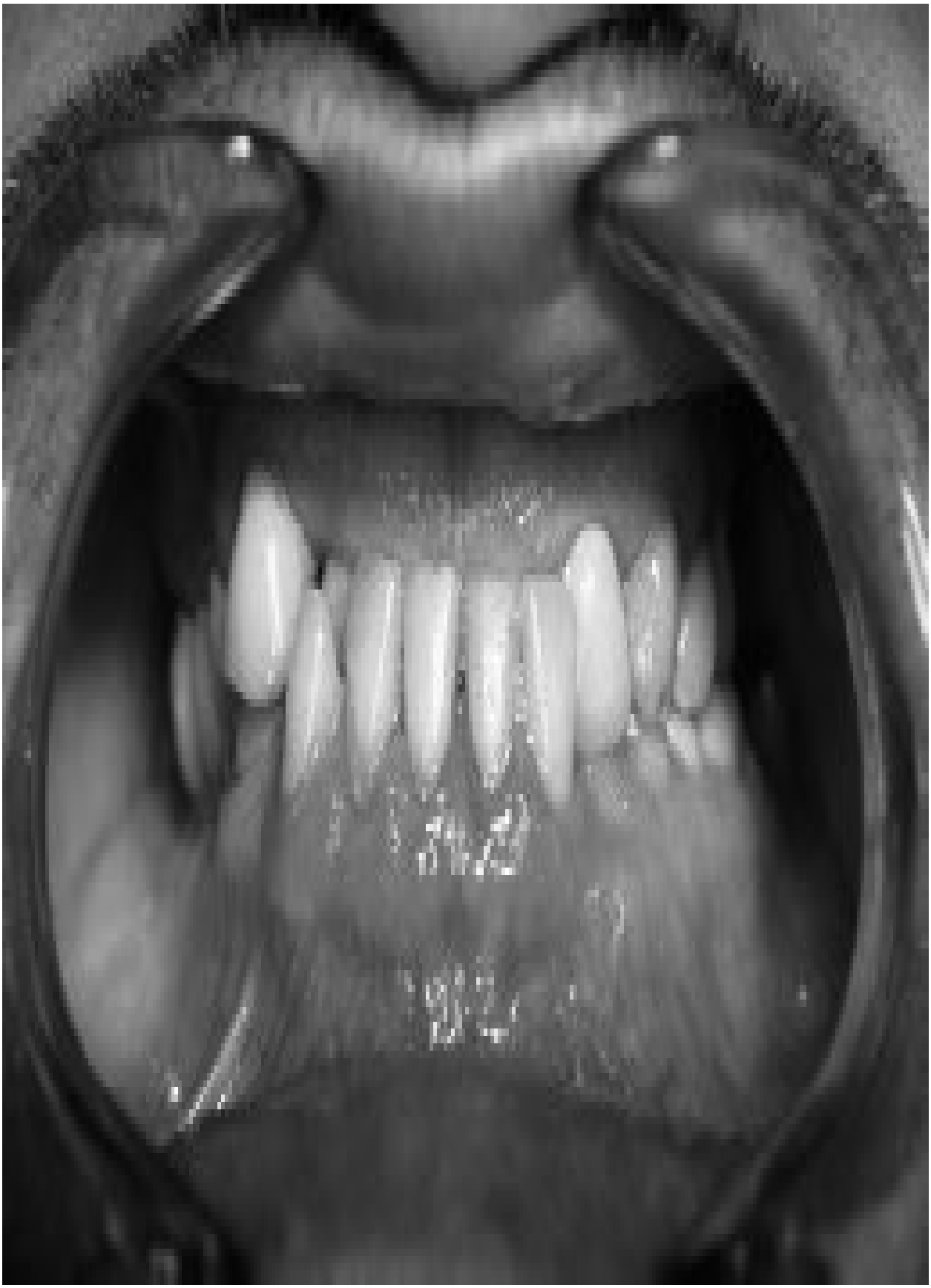

*Photo 6: Before treatment*

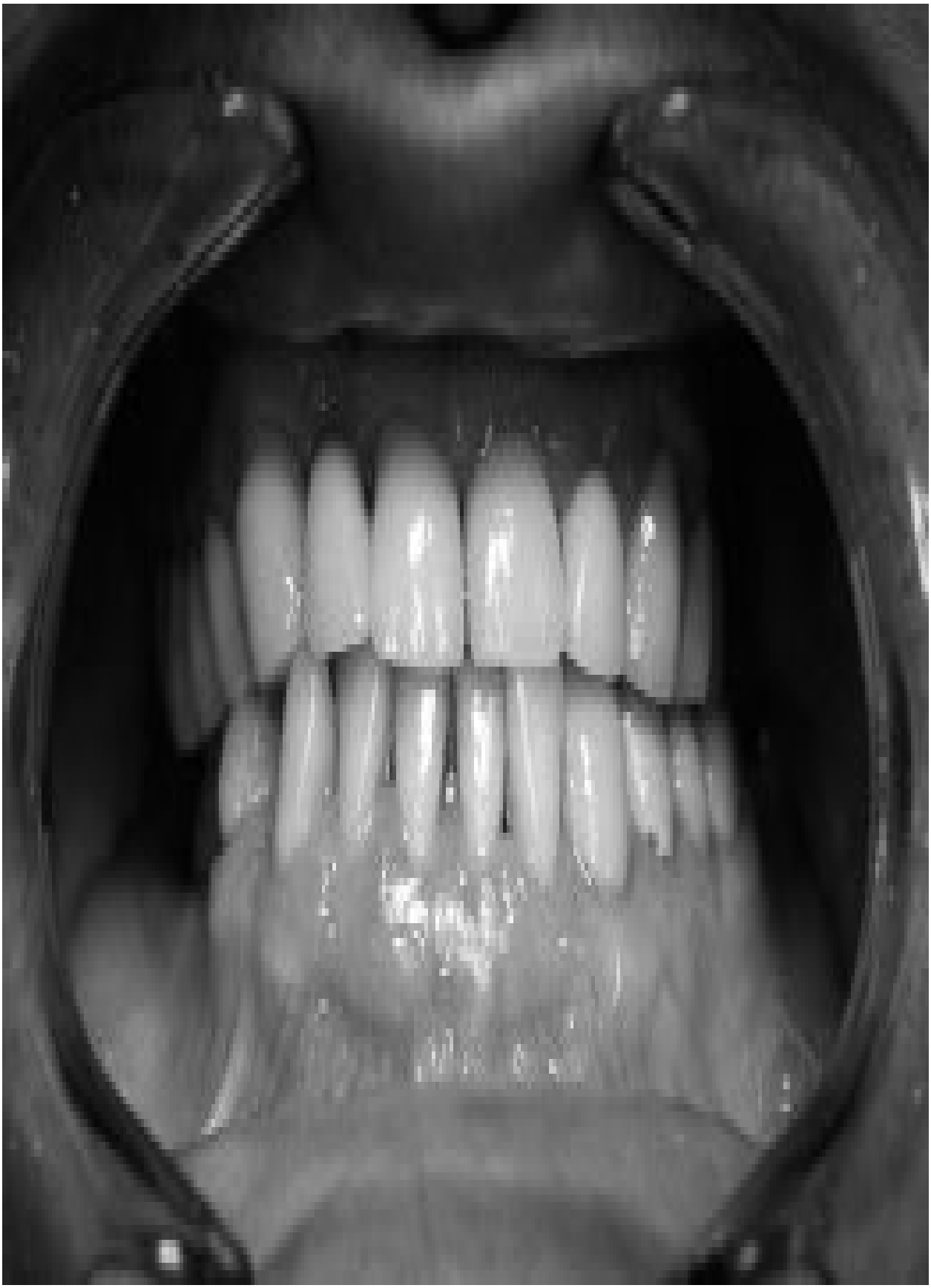

*Photo 7: After treatment*

Bernard, 50 years old, has a pathology which is the opposite to that of Sylvain. In this example, the teeth of the upper jaw are located quite a way in front of the ones of the lower jaw.

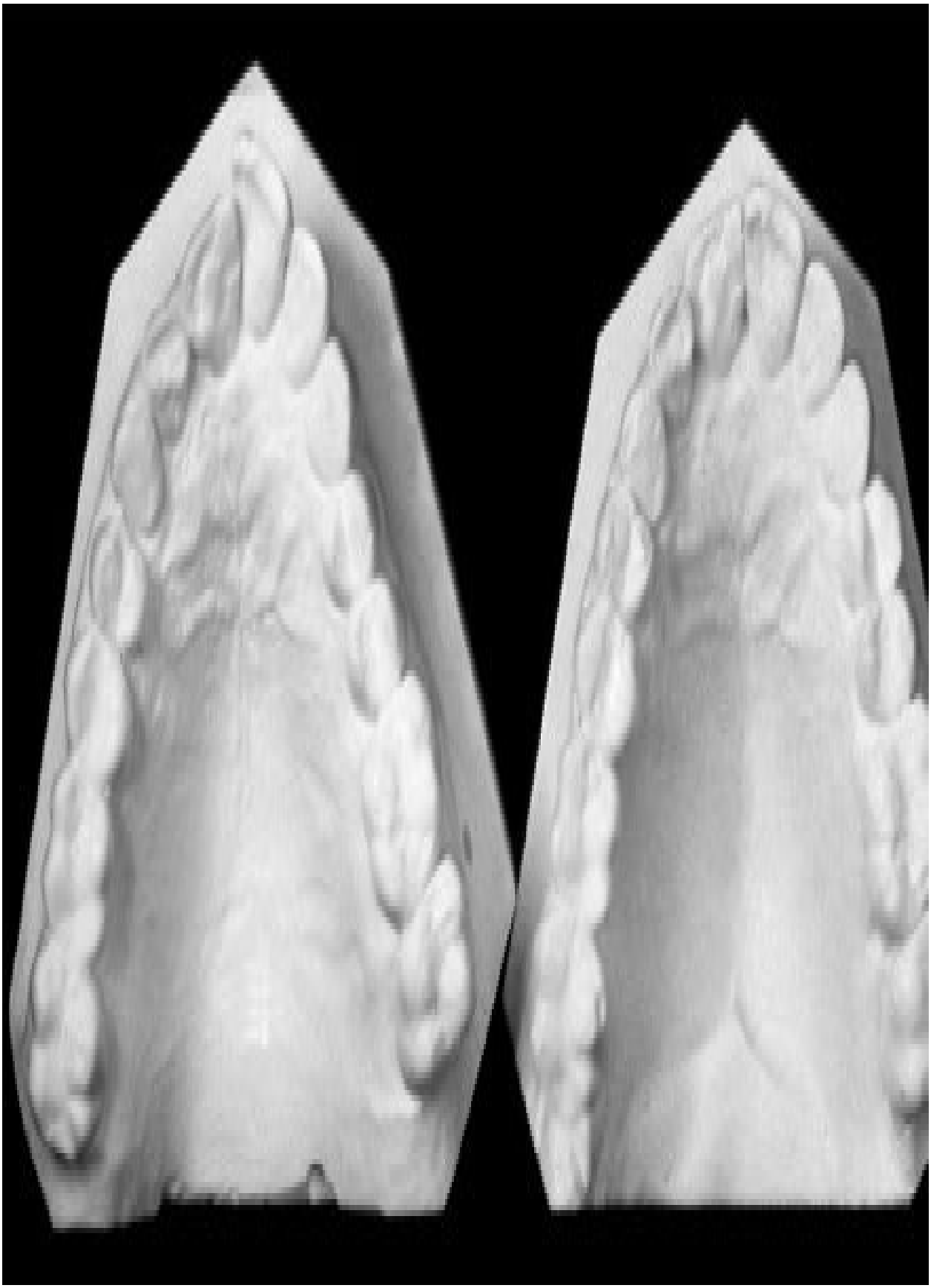

*Photo 8: Before treatment and After treatment*

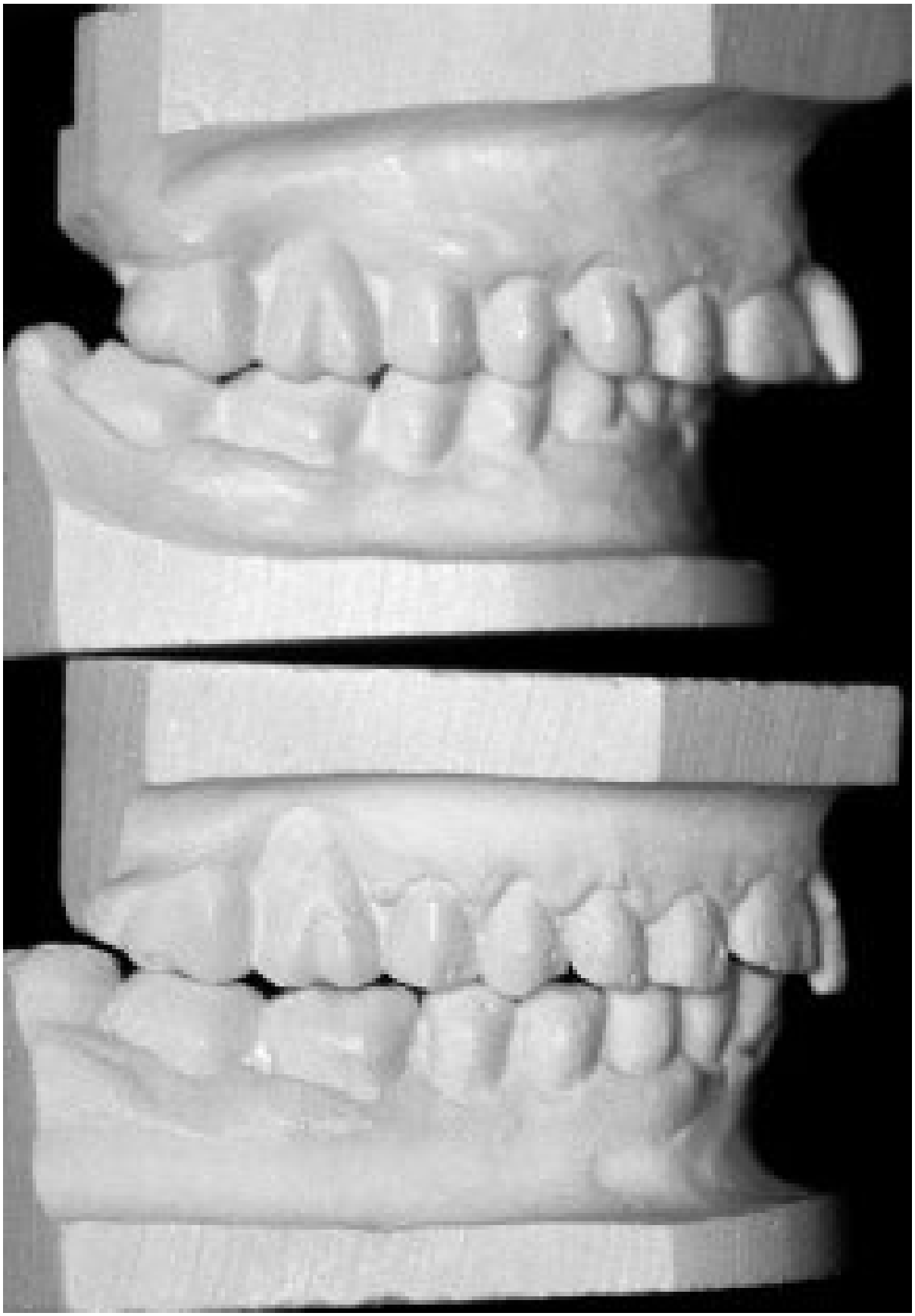

*Photo 9*

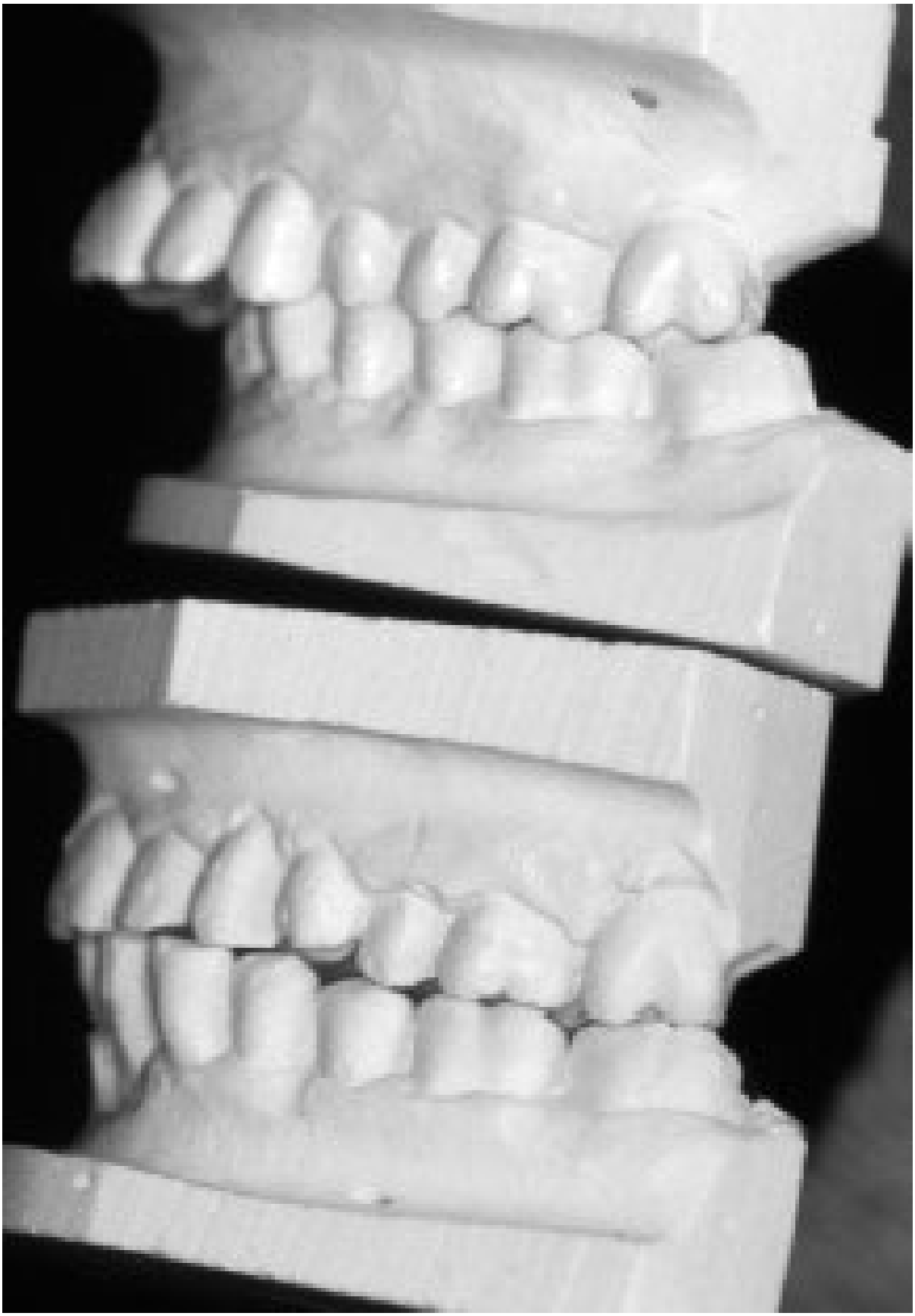

*Photo 10*

We note that, in photo number 8 on the left, the maxilla is deformed before the beginning of the treatment and on the right, after treatment, the width of the maxilla is harmonized.

Photos 9 and 10: at the top, these are the casts before treatment and at the bottom, these are the casts made eighteen months later.

The third case is that of a lady, Angela, also in her 50s. She suffers, among other pathologies, from a significant crowding of the teeth.

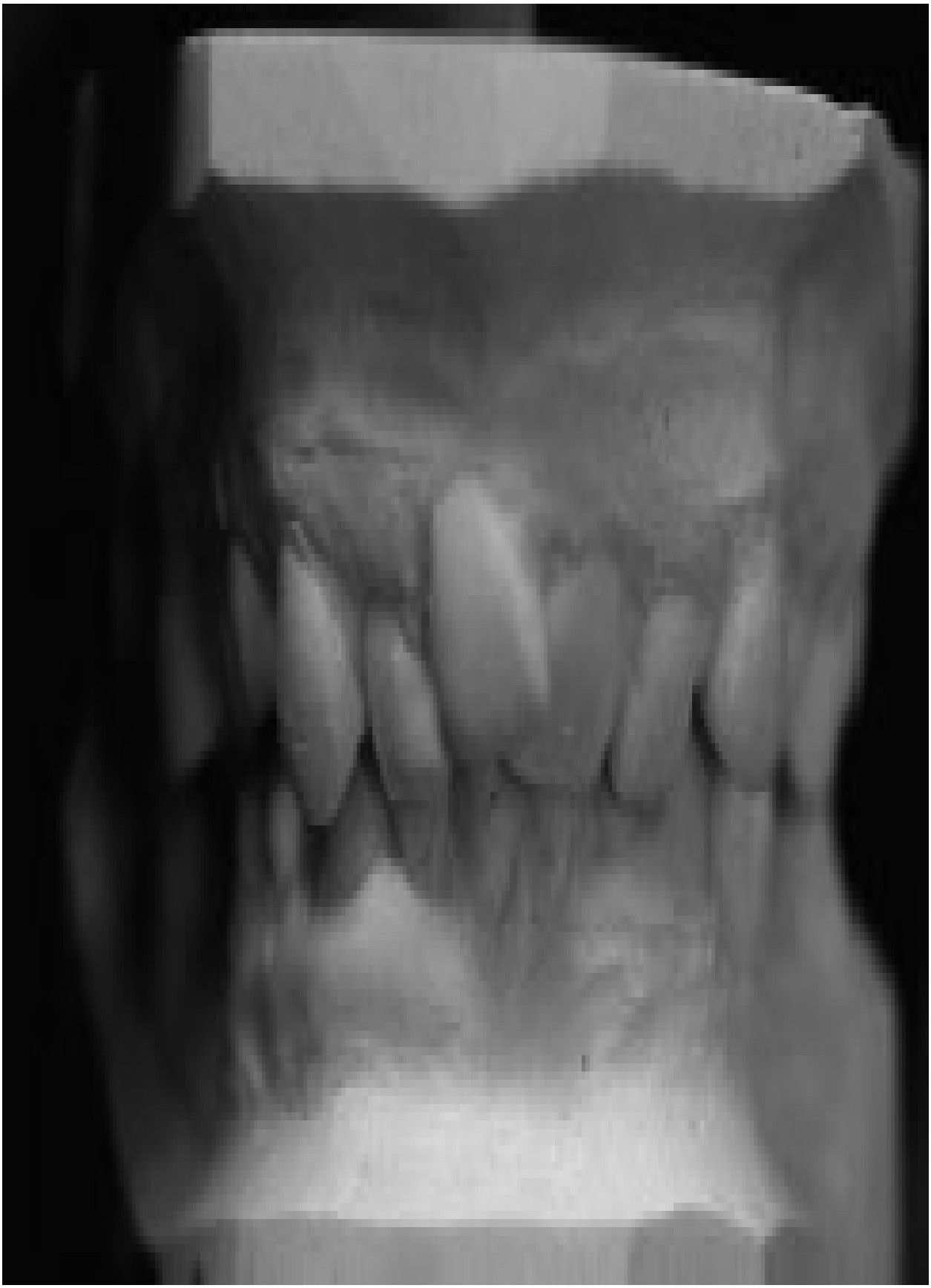

*Photo 11: Before treatment*

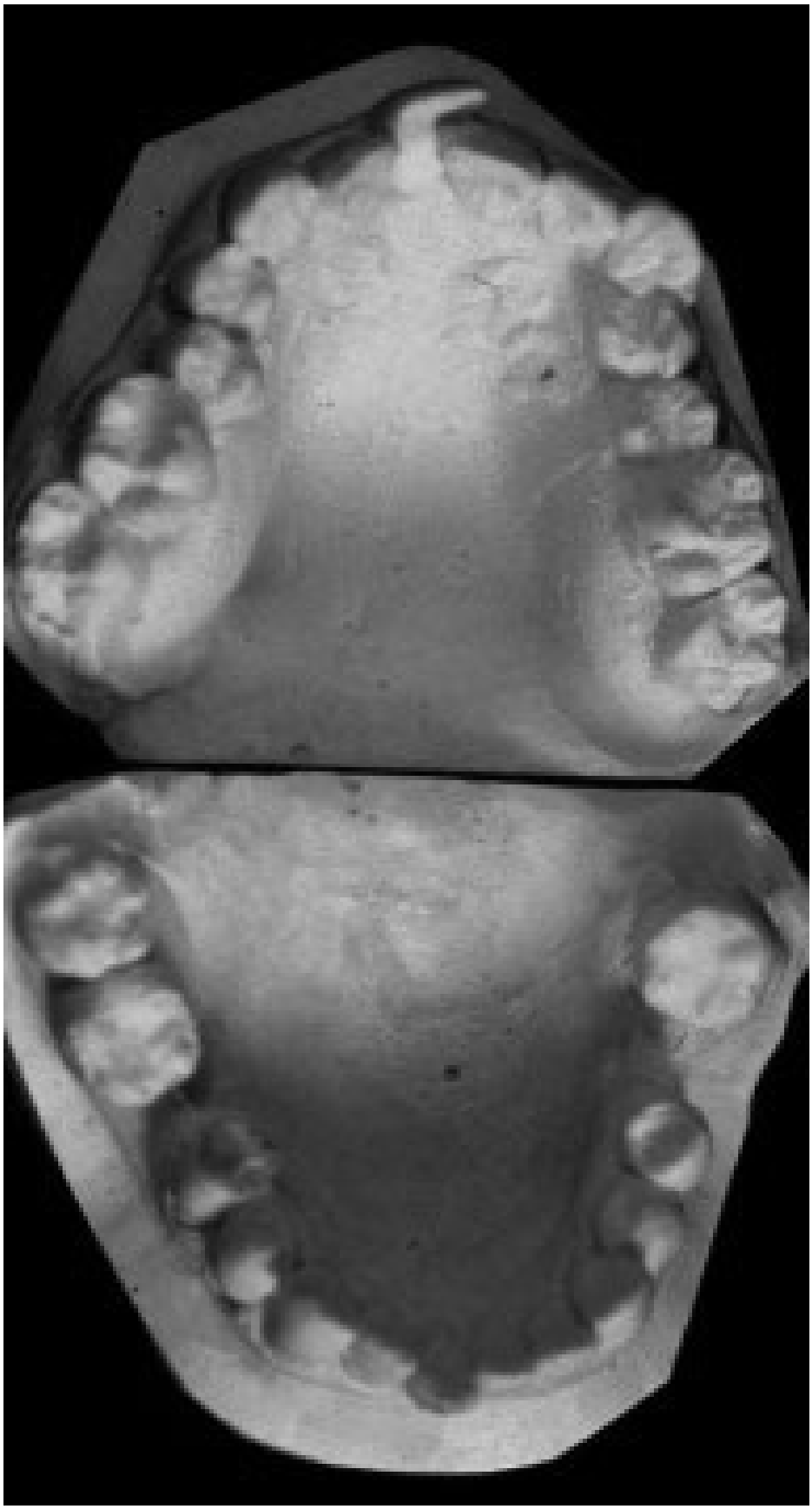

*Photo 12: Before treatment*

*Photo 13: After 3 years of treatment*

*Photo 12 shows the casts from the upper and lower jaws seen from above.*

Let’s have a look at David, a 12-year-old child.

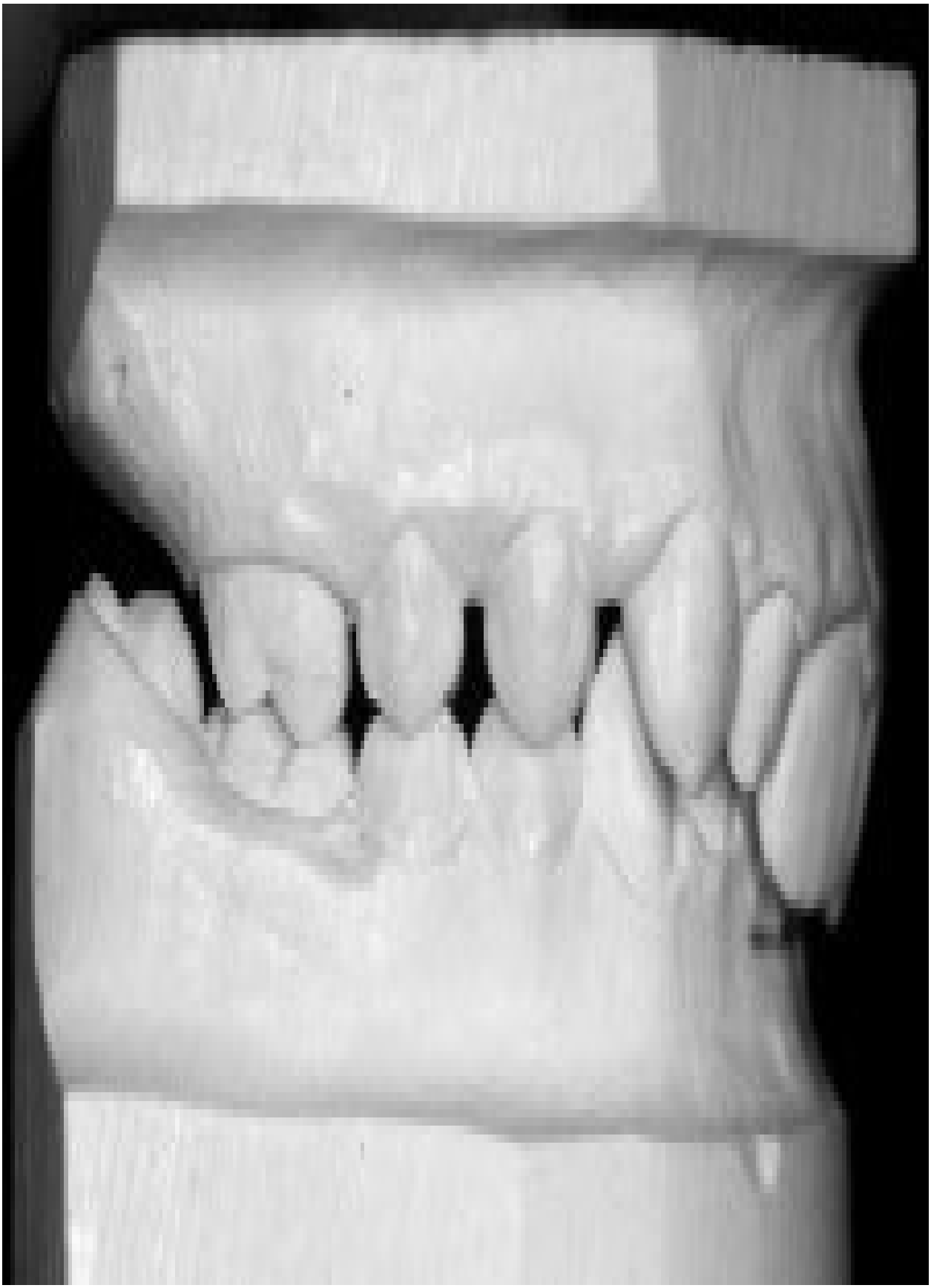

*Photo 14: Before treatment*

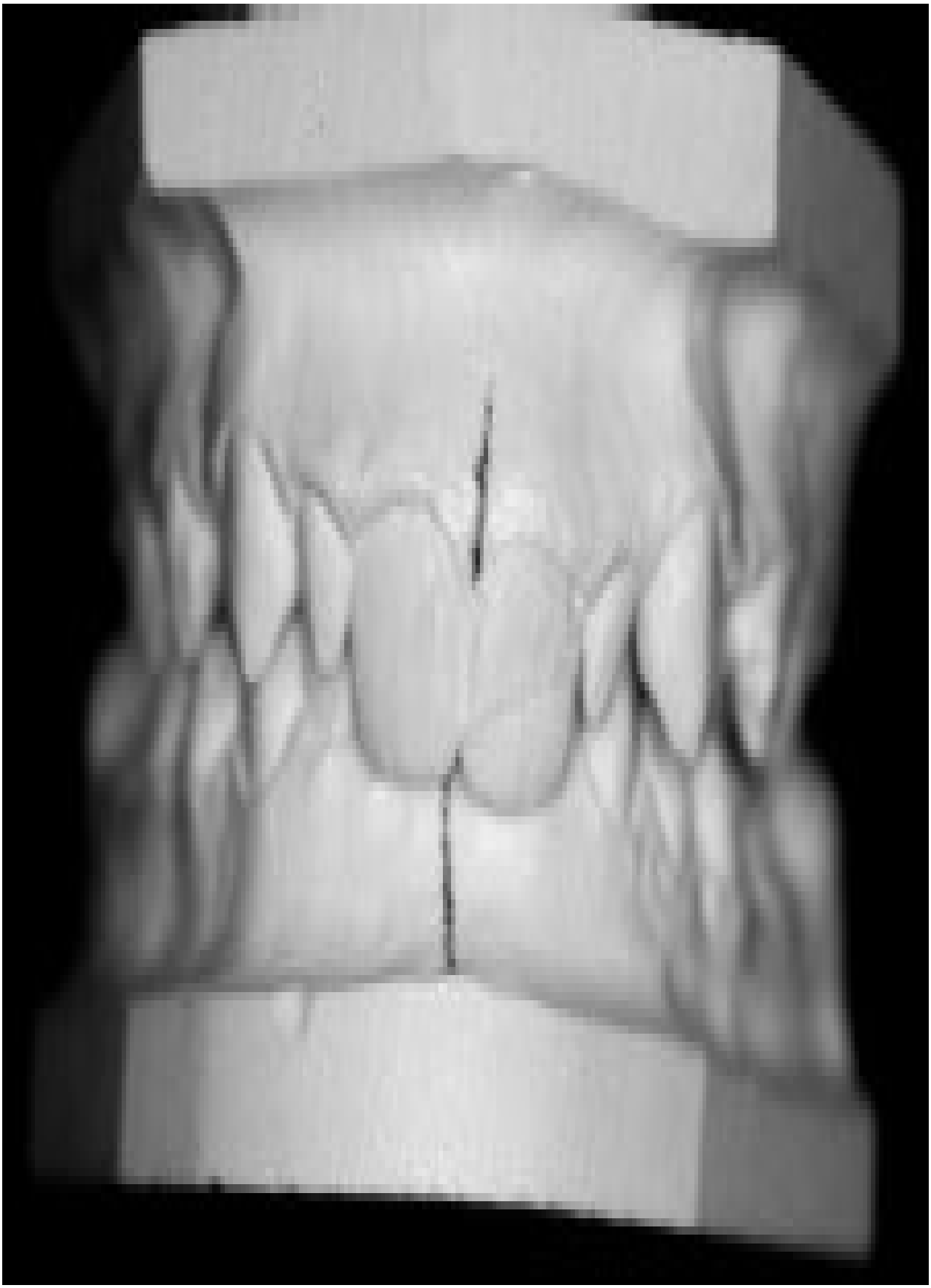

*Photo 15: Before treatment*

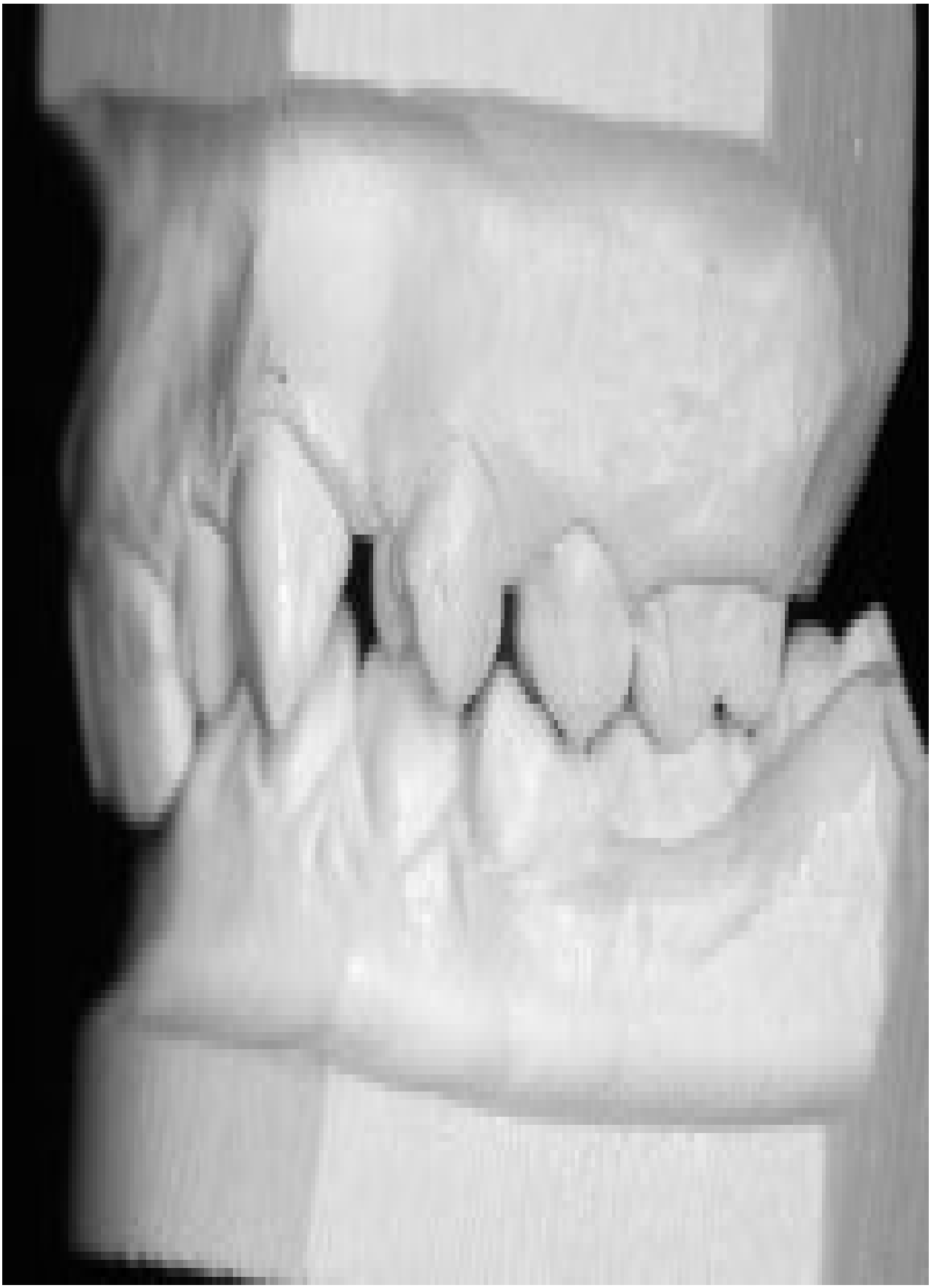

*Photo 16: Before treatment*

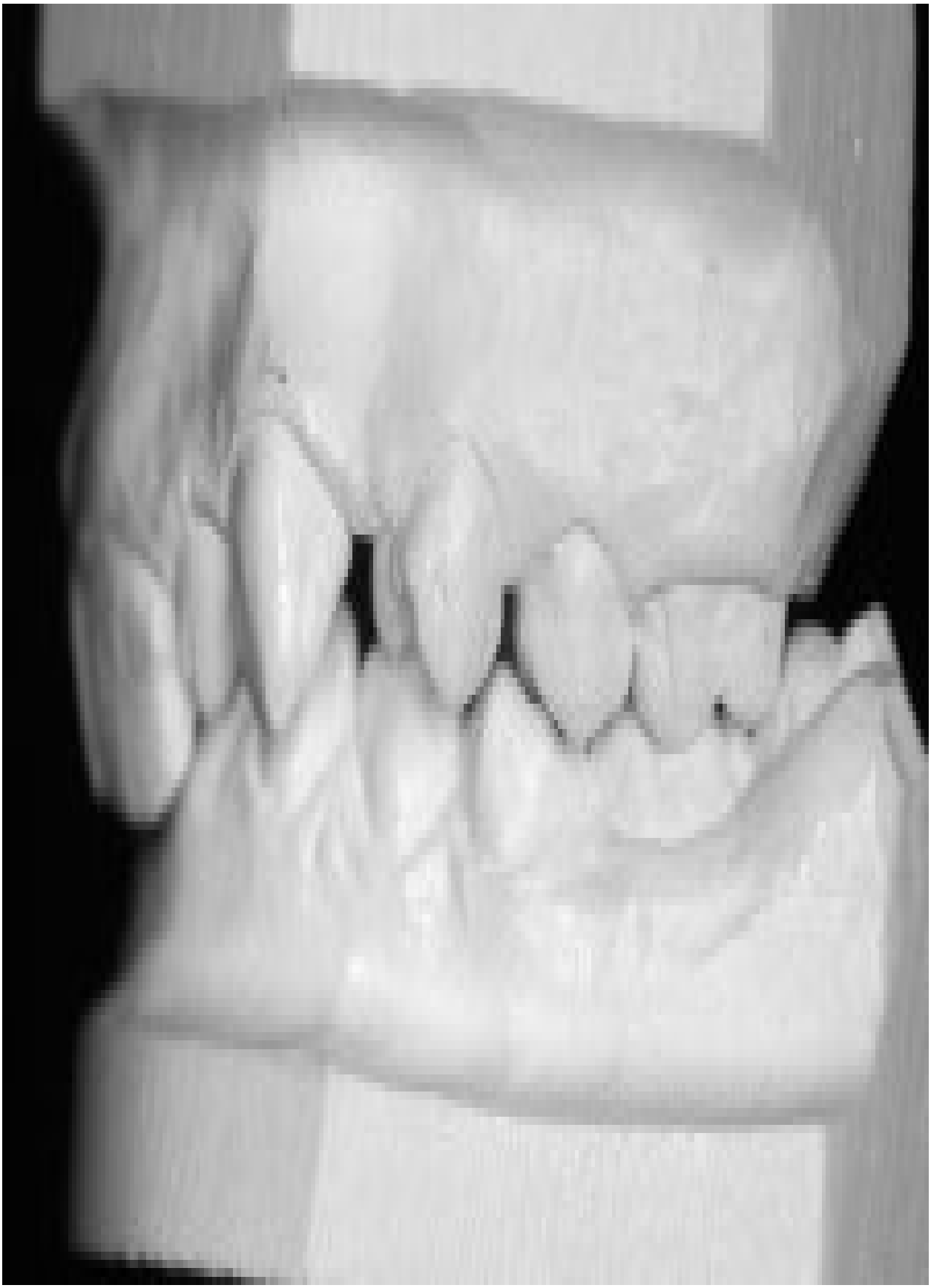

*Photo 17: After treatment*

David’s lower incisors are overlapped excessively (more than 14 millimetres) by his upper incisors. (It was the same with Angela but less dramatically so.) In dental-care language, this pathology is called an overbite. This dysmorphia is such that David injures his palate with his lower incisors when eating.

Let’s observe, in photo 17, the horizontal levelling of the teeth—what professionals call the occlusion plane. In dental-care language, the occlusion is the position of the teeth when they are in contact. As with nature, with this therapy our aim is to achieve the emergence of a true plane. Now, in this boy’s case (photo 14 in profile), if we imagine a line passing through the extremity of the upper teeth, we get a curved line. Moreover, in David’s case, this plane is twisted in the three directions of space: up-down (this is the overbite), front-rear, right-left. This dysmorphia will also be found by osteopaths in other parts of the body.

To conclude the description of these clinical cases, let’s have a look at Julien, 5 years old.

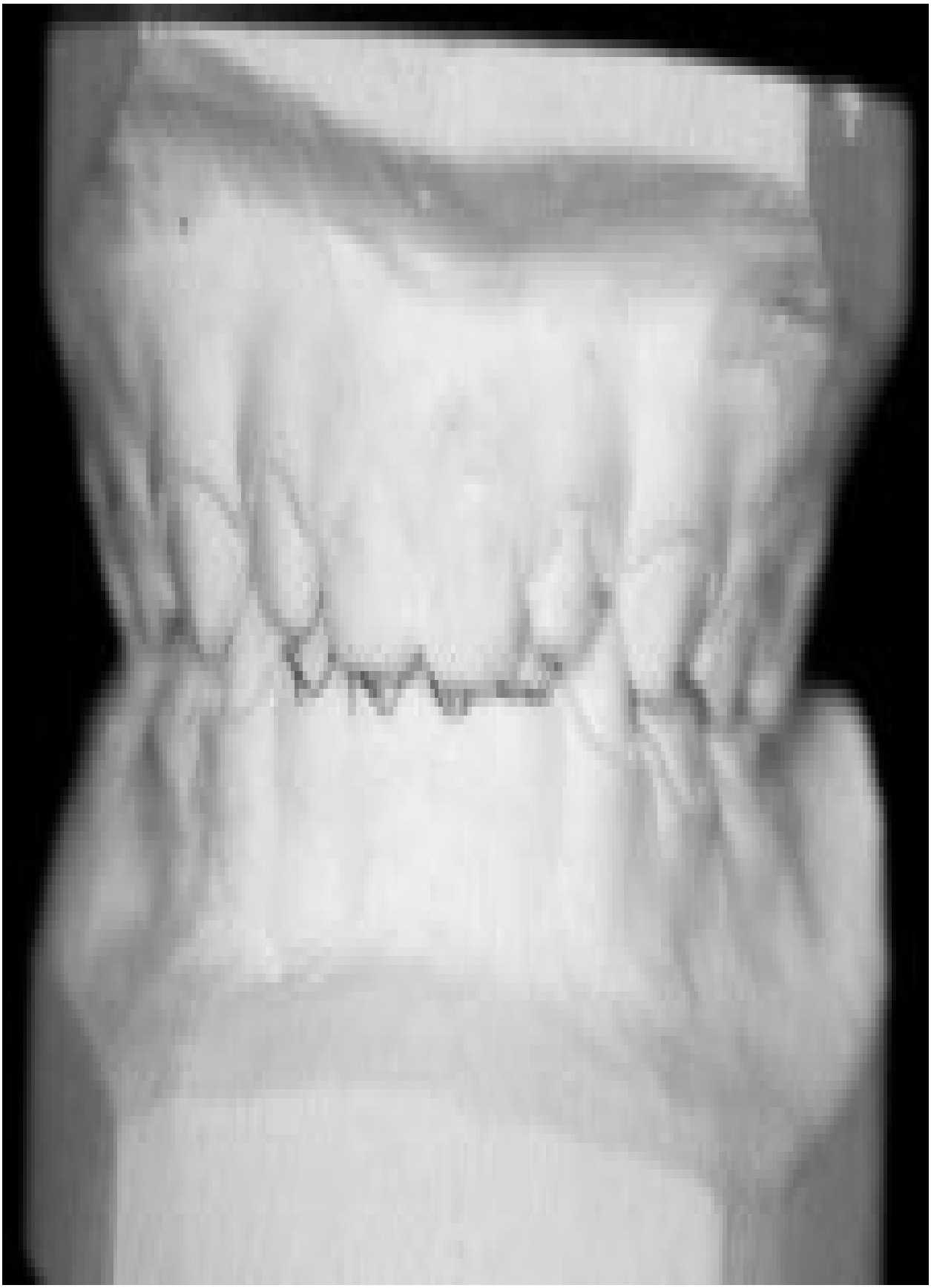

*Photo 18: Before treatment*

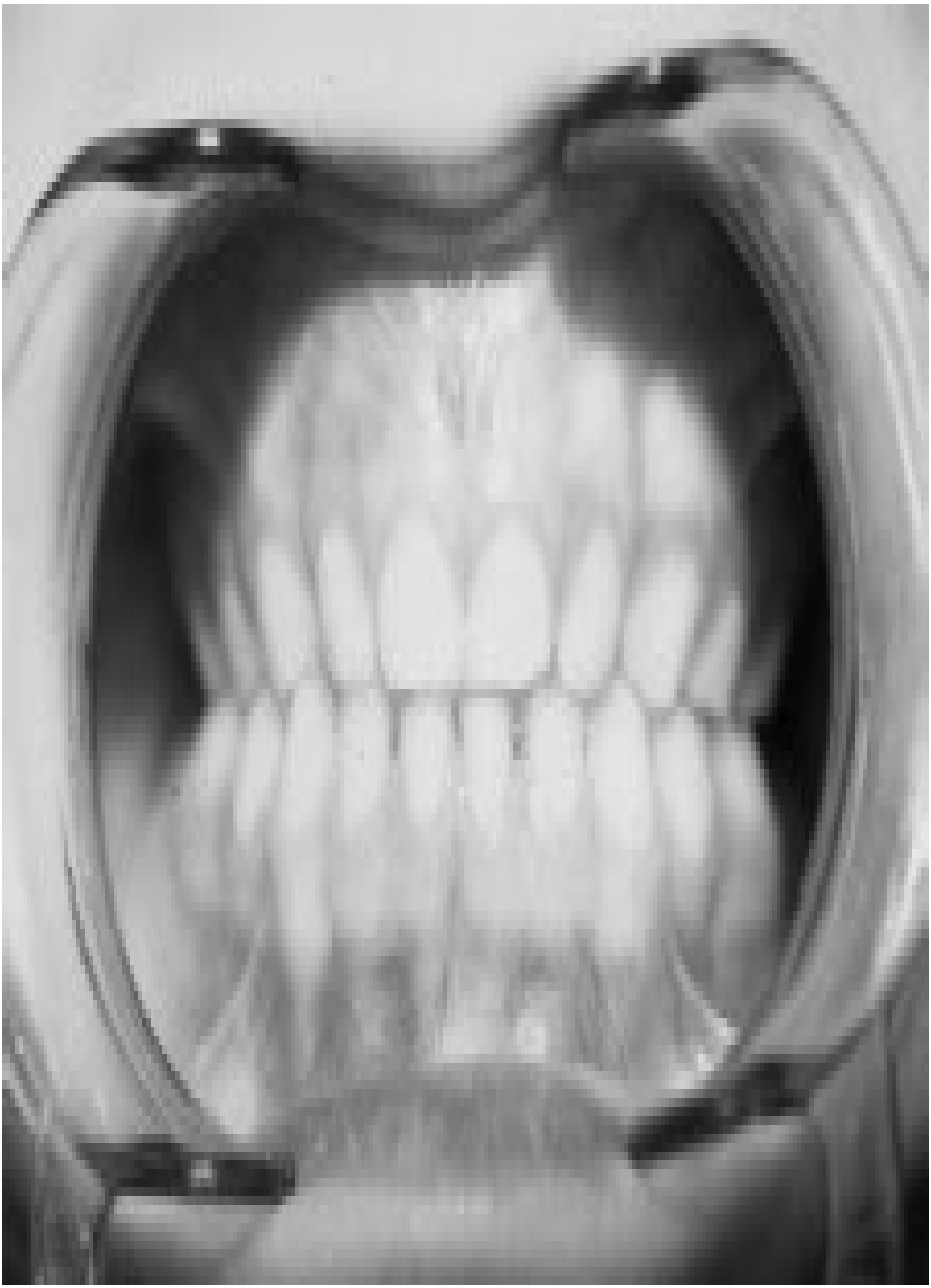

*Photo 19: After 6 months of treatment*

We notice a certain similarity with David. Julien, too, suffers from an overbite. Here as well, the upper teeth hide the lower ones. At the outset this example is useful as it makes us aware that we can and must start the treatment as early as possible. For example, as I am writing this book, the youngest child under treatment started his therapy when he was two and a half years old.

What can we deduce from the presentation of these clinical cases? Well, the device requires little physical force, which is generated sporadically, solely by the patient's own energy, whereas usually the current orthodontic and orthopaedic techniques involve continuous pushing and pulling. In addition, it is worn very little in comparison to the other devices which are placed in the mouth for 24 hours a day.

Finally, for our clinical cases like Sylvain (photos 5, 6 and 7, p. 16) and Bernard (photos 8, 9 and 10, p. 17), surgery is the well-established method to harmonize adults' mouths. There is no alternative today. Nevertheless, I did not need to extract a single tooth from their mouths.

As I said when I started my story concerning this therapy, the results I obtained with this simple rubber device defied all the rules I had learnt. And I had a lot of questions to ask.

I could not give any explanation based on 'current scientific knowledge' but I saw these results every day. To try to understand I needed to investigate further.

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* Apart from my son's name, Claude, all the other names are fictional.

# Chapter 2

# THE LINKS BETWEEN THE MOUTH AND THE BODY

# *I – Vital Functions and Oral Malformations*

To take up again the account of my life story: In 1982, from the outside, life was good… but I felt pain in my whole body! Then, I was introduced to the activator and my life changed because, from that moment on, I looked differently at people and their mouths…

One day, an elegant man in his 40s comes to my practice. His name is Francis. His impassive face has a grim expression. He sits on the chair and says: ‘I have come on the advice of a friend.You treated his son with unusual methods of dental straightening. I have suffered for a very long time from the unsightly crowding of my front teeth.’

This could explain Francis’ withdrawn and severe outlook. If you look at his incisors (photo 20), you can observe that his mouth is not particularly unsightly. I start the consultation making him aware that his mouth has appeared unsightly to him since the appearance of his permanent incisors, that is from the age of seven. What pushes him to undertake an orthodontic treatment at 40, when he has been suffering from this situation for 33 years?

This question takes him by surprise and he can’t answer it immediately. ‘But that’s true! Why do I decide to do something now when this has plagued my life for so long?’

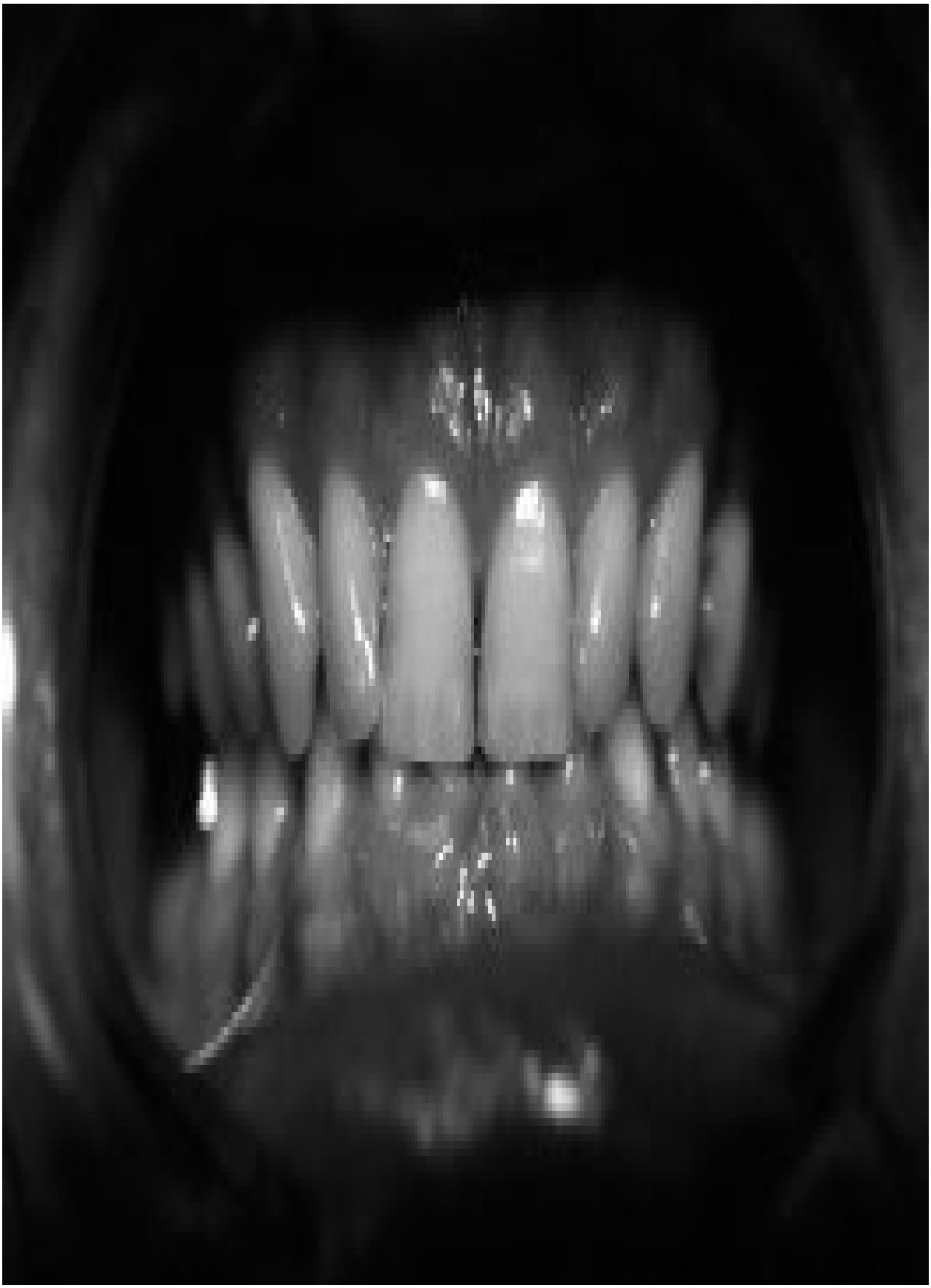

*Photo 20: Before treatment*

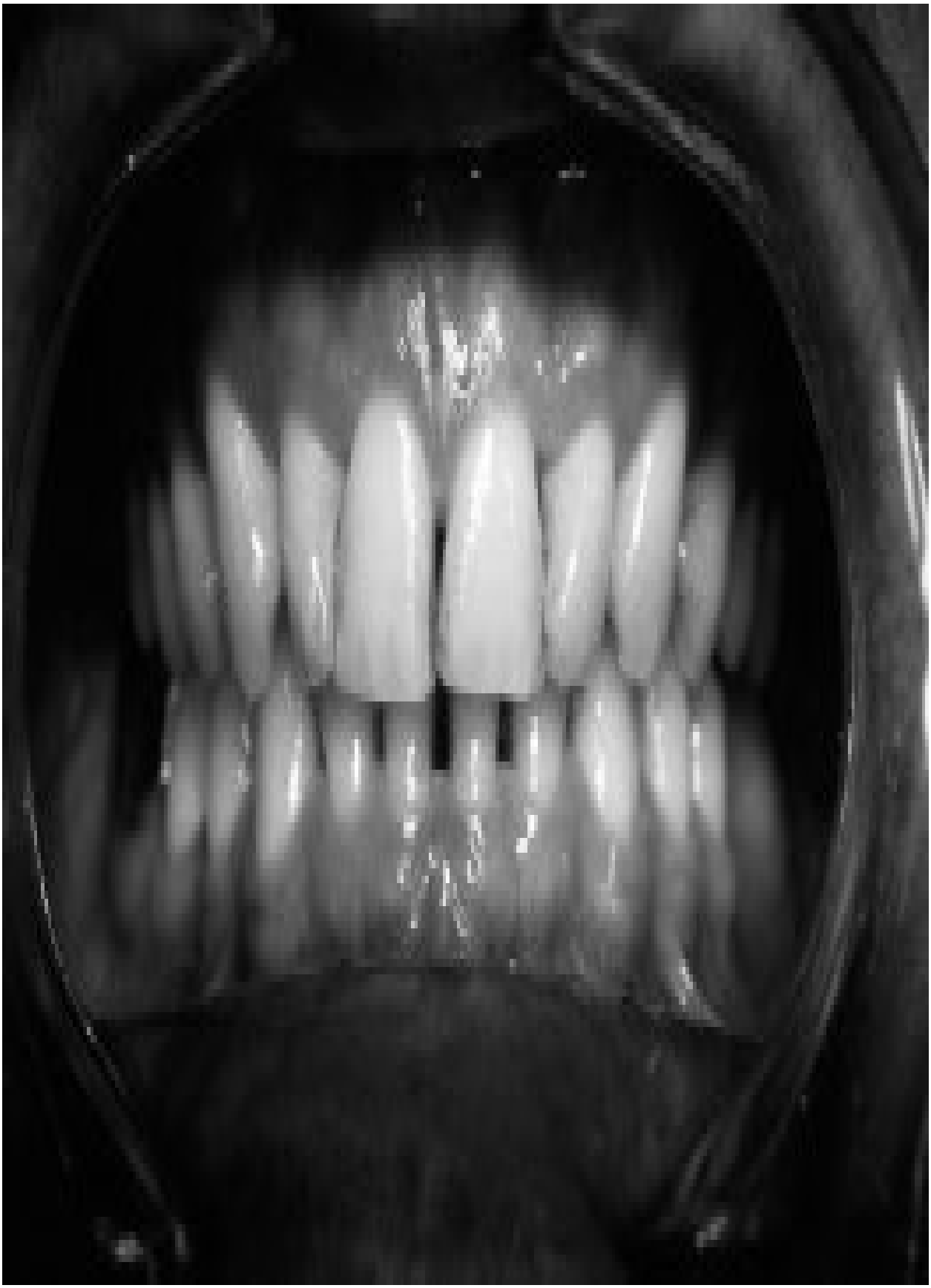

*Photo 21: One year after starting the treatment*

# 1. Respiration (or Breathing)

I therefore explain to Francis everything that takes place in the mouth, and that this is permanently integrated into a set of physiological movements which shape it gradually. The main functions that contribute to this are breathing through the nose, swallowing, suction, chewing and phonation.

I then describe the shape of his mouth and point out to him the excessive overlapping of his lower incisors by his upper ones. We can see, in this position, the overbite (the upper incisors hide, totally or predominantly, the lower ones), as was the case for Claude, David, Julien, Bernard and Angela.

I introduce him to the concept of breathing through the nose. Each time a person presents a mouth configuration identical to his, we know he or she also breathes through the mouth, sleeps with his or her mouth open or slightly open (and/or with a contracted jaw) and sometimes snores.

Francis is surprised: ‘But the mouth is also made for breathing! Why is it important to favour nose breathing rather than mouth breathing? It is only a different tube! Look at sportspeople… they all breathe through the mouth!’

These remarks are frequently heard in our practices and deserve explanations. We breathe around 18,000 times per day. The number of breaths we take until the age of 12 is 80 million. Why 12? Because it is around that age that the dental profession advises the extraction of permanent premolar teeth to leave space for other teeth to come through.

Let’s have a closer look at the ‘nose breathing’ function. At birth, the maxillary sinuses (located just above the upper premolar teeth) are minuscule. For each nose breath, the air ‘inflates’ them and makes them grow. Now their floor corresponds to the maxilla’s roof. If they are stimulated, the maxilla widens and the teeth can find their place without any difficulty. We can deduce that, at age 12, the child breathing through the mouth will not have created 80 million stimulations, and therefore there will have been insufficient stimulation to create the necessary space for the eruption of certain permanent teeth to appear at this time.

*Mouth breathing contributes to the lack of maxillary growth and therefore to teeth crowding.*

To corroborate my words, I can point to this experiment conducted on a young monkey. Blocking his right nostril leads to a lack of development of the entire right hemiface. Consequently, thwarted nose breathing resulted in facial malformations.

To describe scientifically the different compensation systems could be tiresome for the reader, and hence I will get straight to the point. But it is crucial to understand the importance of nose breathing from birth.

The nose, through its micro-hair and blood microcirculation system, filters the impurities of the ambient air while warming it. It is, indeed, air transformation. Well… this cannot happen in mouth breathing.

There is also a direct correlation between nose breathing and the ear. In the latter, there is a canal which communicates with the back of the throat. This ear canal drains the mucus secreted by the ear mucosa towards the pharynx. If this ear canal is blocked, we observe problems of ventilation in the middle ear and an accumulation of mucus, which is responsible for serious, media, chronic or acute otitis.

*The only way of keeping this ear canal open is to breathe through your nose. In the case of mouth breathing, the rise of the soft palate prevents all possible suction, and therefore the air does not pass near the ear canal and the mucus can accumulate. We can observe the impact of mouth breathing on all ENT* diseases of children and adults.*

After giving these explanations to Francis, I see his eyes light up as if he just had a revelation: ‘I had otitis after otitis when I was young. Today, my nose is permanently blocked; I was told this was caused by chronic rhinitis. To me, this explained why I breathed through my mouth: it was a consequence of the blocked nose, when in fact it is quite the opposite. Mouth breathing is the cause of my blocked nose. I always breathed through the mouth and I progressively blocked my nose, which was very little used – like a path where nobody walks that gets overgrown with weeds. It is amazing that for 30 years I have heard only about pollution, acarids, etc.!’

Unfortunately, problems do not stop there. Not only will a child not develop his

or her facial bones harmoniously, not only will she or he have ENT complications, but the child's brain will have to adapt to this mouth breathing because, whatever happens, the child will have to breathe a further 500 million times if he or she reaches the age of 90.

Current science knows that the whole body will participate in the effect of compensation via the brain: posture will change, shoulders will hunch, the back will round and the body will consume more energy and consequently more oxygen. An increase in oxygen affects the cardiopulmonary system and results in an increase in ventilation and in heart rate.

On this subject, I have to present the results of work carried out by Professor Macary in 1960 concerning the effect breathing has on the heart's volume. The heart is a muscular mass which, unless there is pathology, will constantly grow until it reaches its adult size. Now, Professor Macary noticed that, for children with early mouth breathing, the size of the right side of their heart increased. He then observed that by correcting their mouth breathing, there was a systematic reduction of the heart's volume, and it returned to its normal size. He had thus identified that early mouth breathing increased the heart rate, which in turn made the heart develop more muscles. Mouth breathing creates an energy overload, as the heart must compensate for the non-transformed air.

If nothing is done to remove all the adjustments our body has set up, the brain will also readjust itself continuously in order to adapt to the changes, until the day these adaptations will no longer suffice. It is at this stage that sickness will appear.

If we succeed in correcting this mouth breathing, the nervous system immediately 'remembers' the rules of normality (programmed in all human beings) and re-establishes everything. This is why Professor Macary could then observe a normalization in the hearts of children who switched to nose breathing.

Today, mouth breathing is considered unimportant. Everybody thinks that the body compensates; there is no problem. But this is wrong. Nose breathing is fundamental for all human beings. When a person makes a sustained effort, his heart rate increases in order to supply the muscles more rapidly with oxygen and thus avoid their asphyxia which would lead, in the first instance, to cramps which would put a stop to this overly intense effort. The quantity of oxygen

passing through the nose is then no longer sufficient and mouth breathing takes over.

The body is our best friend. It is there, as we have seen above, first and foremost to compensate, and secondly to forewarn us through mild symptoms. If we ignore these alerts, there will follow profound structural damage, leading to spasms then torn muscles.

This, of course, applies to sportspeople as well. Athletes will switch to mouth breathing much later than the non-athlete, as they have trained their heart (and/or their heart rate is already much slower than for the majority of people); but when they switch to breathing through their mouth, they, too, will need be make compensations. However, unlike the non-sports person, they are able to push their compensations much further and in so doing, considerably distance themselves from the ‘red zone’, or the moment when they will have reached their limit. In fact, sportspeople constantly go over their limits but they do not realize it.

There would be a tremendous amount of work to do in the sports world, where we could obtain unrivalled and safe performances if we emphasized the importance of nose breathing and if we based training on this. This is, by the way, the only breathing which can lead to the ‘state of grace’ (or the ‘zone’), as numerous sportspeople declare when talking about this state, which allows them to achieve great results not only without effort, but with a feeling of total well-being.

Are we aware of the vital impact (‘vital’ as in quality of life) of nose breathing? It is a question of quality not quantity because we still ‘live’ while breathing through the mouth, but at what cost!

Let us have a look now at what a child does at the very beginning of life. He or she gives a cry at birth then breathes instantly through his or her nose. Let us visualize a new-born baby with her or his little fists and mouth tightly shut while sleeping. These infants breathe through the nose while suckling, otherwise they would suffocate. They feel so good that they fall asleep with the breast in their mouth.

And yet, this does not last for long. For instance, in a childcare centre, a classroom or even a conference room, one can see how many people have their

mouth slightly open. Through what alchemy has humanity— because it is the one responsible— transformed nose-breathing babies into mouth-breathing adults? Do we know the number of unbalanced mouths— that is, of mouth-breathing people—and the benefit the whole of humanity would gain by looking into this concept of mouth balance? There is not space in this book to describe the importance of nose breathing for a person's balance. For now I can only show the most obvious aspects of it.

But let's go back to Francis. He sounds more and more bewildered: 'I have never heard of this! Why are there so many compensations? Why are there all these malfunctions, when everything is programmed at birth to function normally? Wouldn't it be simpler to avoid all these twists and turns? Why are so many people affected by mouth breathing? And, science knows this! Why isn't it taken into consideration?'

I asked the same questions when I first observed this deeply troubling phenomenon, and I have never stopped trying to understand the reasons ever since. From the beginning, I could not accept mouth breathing as inevitable. I needed to find a way, as naturally as possible, to treat it.

The multifunctional activator appeared to be a natural and very efficient tool to treat these disorders. Indeed, thanks to its shape, a person must breathe through the nose when it is placed in the mouth. Thus, we observe spectacular progress. Within a few months, perennial otitis and rhinitis ease and then disappear. Children spend peaceful autumns and winters.

In parallel with nose breathing, we can see mouths transform; for example, we observe the disappearance of incisor overbite and with this a greater sense of well-being is achieved. Children and adults sleep better and no longer have nightmares (see Claude's testimony p. 5).

This is also the case with Viviane (photo 22). She does not have any teeth left on the upper jaw and only the six front teeth remain on the lower jaw. She consequently wears a full denture at the top and a partial one at the bottom. The benefit of the activator was nevertheless the same as it would have been if she had had all her natural teeth.

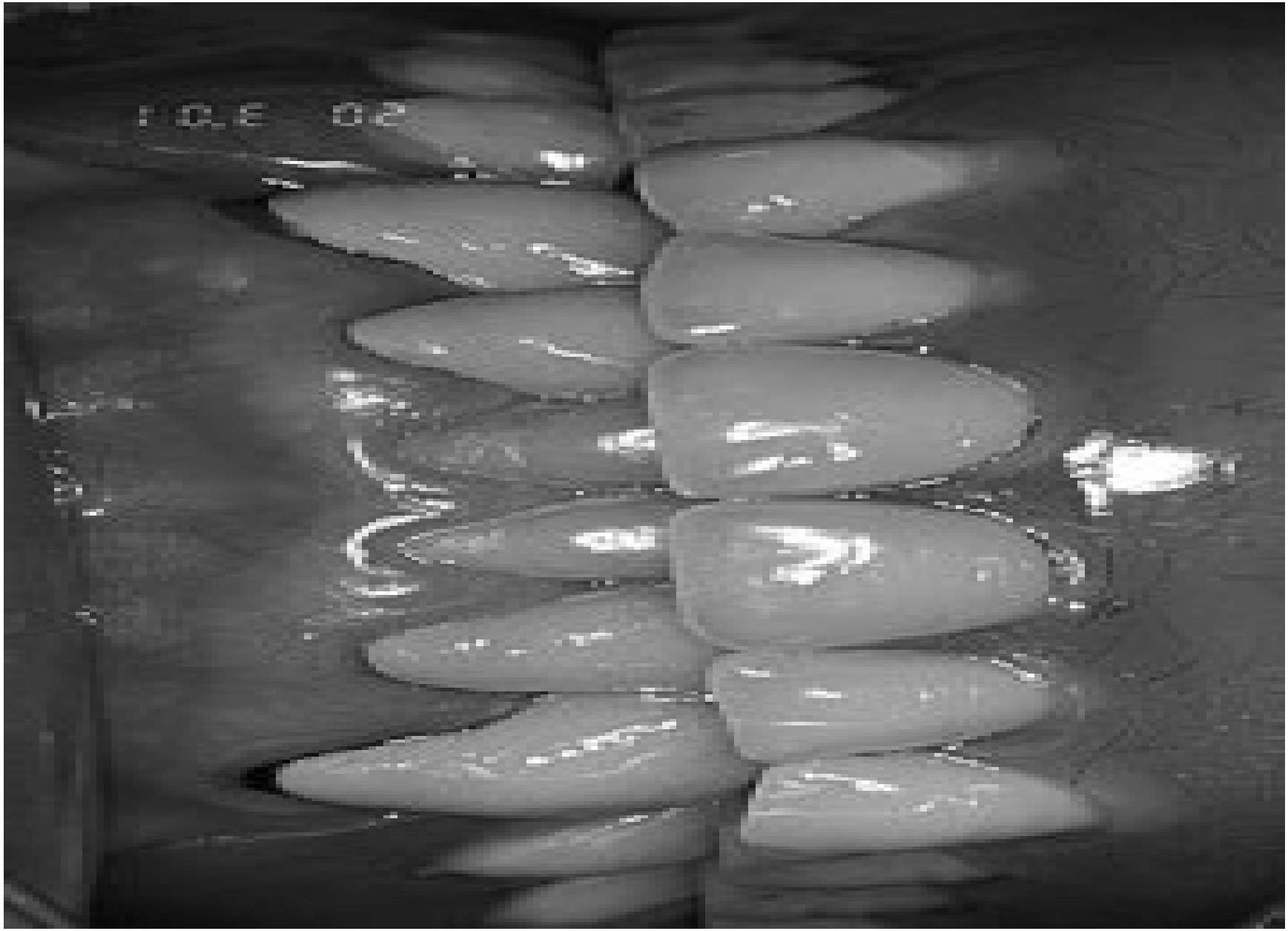

*Photo 22*

Here is her testimony:

*I am 78 years old. I have been wearing the mouthpiece for six months. Before, when I breathed through the mouth, I had disturbed nights. Now that my breathing is better, my nights are more peaceful; I have fewer nightmares; I am less tired… Last year, two months before my birthday, I was anxious and a little depressed. This year, that did not happen again and I had a nice time. I feel better in my mind and I am less tired.*

I started routinely to witness these phenomena as the treatments continued.

To get back to Francis. He was a 'Cartesian' but, although he was sceptical, he did not shut the door and was ready to try the treatment, to see if it would work for him. Here is what he wrote to us whilst undergoing treatment:

*It will soon be a year since I started chewing this piece of rubber and I must confess I can't believe it. I have always felt uneasiness, had nervous anxieties, as well as certain mental blocks. I am a member of a family which is renowned for being nervous and anxious. Some periods of uneasiness, although less profound, still persisted, always accompanied by psychosomatic symptoms, such as retinal migraines, nausea due to a general blockage, as well as different fears which were difficult to overcome. It is hard to admit we can change thanks to such a trivial object. This was not evident at the start…*

*Things have changed since I started this experiment. First of all, my teeth moved, which encouraged me. I did not feel uneasiness anymore, or very little; I have more self-confidence; I have not had migraines; I have a more positive outlook on life and the future. In a nutshell, I feel happy. It may not be heaven but it is no longer sporadically hell…*

*I must confess the facts are even disturbing: I sometimes even take pleasure in chewing this mouthpiece; I do not feel excessive or explosive joy anymore but on the other hand I no longer feel the immense, unbearable distress which made me feel profoundly weak. What gives me the most satisfaction is the near total*

*disappearance of my anxieties. I hope that what I experienced prior to this treatment will not reoccur and will be erased from my memory forever, because even if I endure hardships in the future, I wish to face them with my current state of mind. I have not reached the end of the path and I wish to continue in this direction and in fact to become even more balanced and happier.*

All my patients, each in their own way, attest to this sense of well-being. Breathing has a close relationship with our state of being. Let's see what Denise, 42, writes about it (photos 23-24):

*I went to see a dentist practising Dentosophy on the advice of my osteopath and I took my two daughters with me. As far as I am concerned, the pleasant and painless aspect of the treatment interested me, but I did not believe in the reassuring speech stating that pains and stress would be reduced. And yet this is what happened to me, gradually, over the course of treatment. I also became more intensely conscious of life's pleasures. I even changed my signature slightly.*

*Moreover, I must report a working session that particularly impressed me when, having recently had a tooth ground, I suddenly felt my breathing change. An increased supply of air allowed me to breathe fully, and this is still the case. This treatment gave me a heightened sense of awareness and a better outlook on my life.*

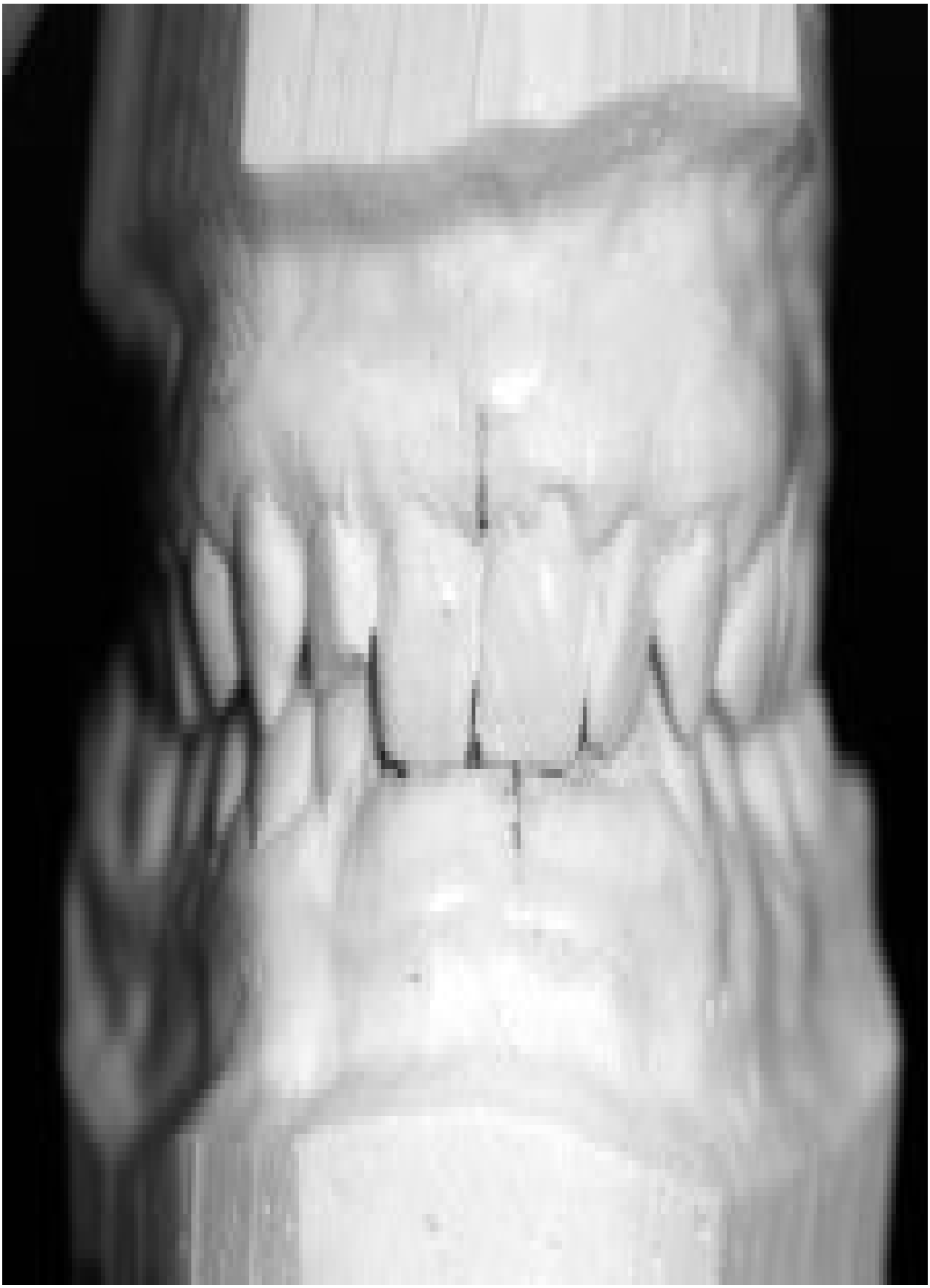

*Photo 23: Before treatment*

*Upper incisors totally covering the lower incisors*

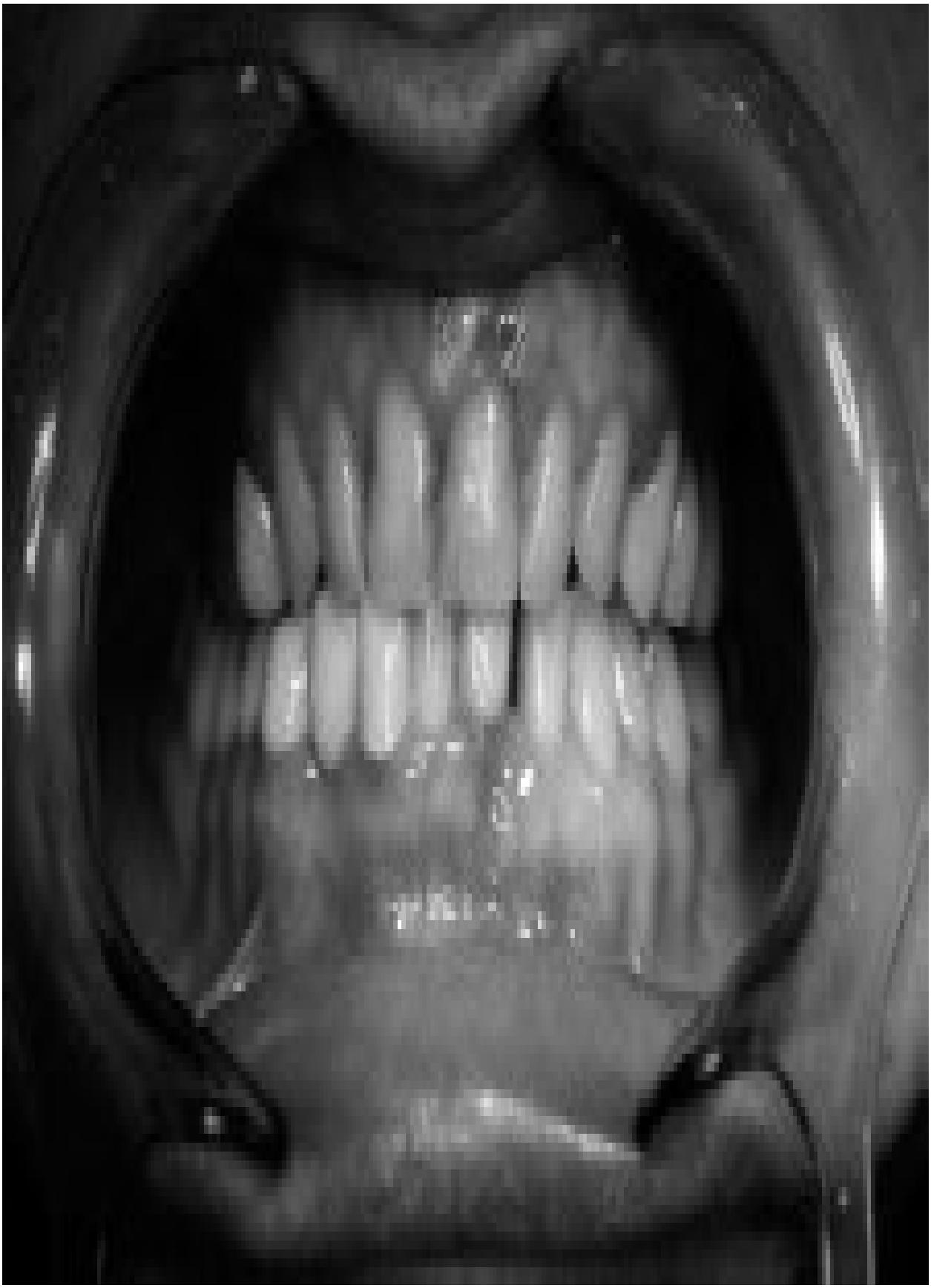

*Photo 24: After treatment*

*Correction of the overbite*

It is actually not new to note the importance of breathing. The most ancient traditions have mentioned it. What is remarkable is to observe the facility of the body to regain these (normal) functions when they had been disrupted for such a long time, as in Viviane’s case, for example (see p. 26).

But how is it possible that wearing an activator at night and for a few minutes during the day can regain a function that had been disrupted for 78 years, for example? And how can we explain teeth movement which overcomes an overbite? You will come to understand this later on.

## 2. Deglutition (or Swallowing)

When Annie comes for a consultation, she is smiling and joyful. She is a pretty little girl, full of life. Her mouth impairment is the opposite of Francis' (overbite p. 21). When clenching her teeth, her upper incisors do not touch the lower ones (photo 25).

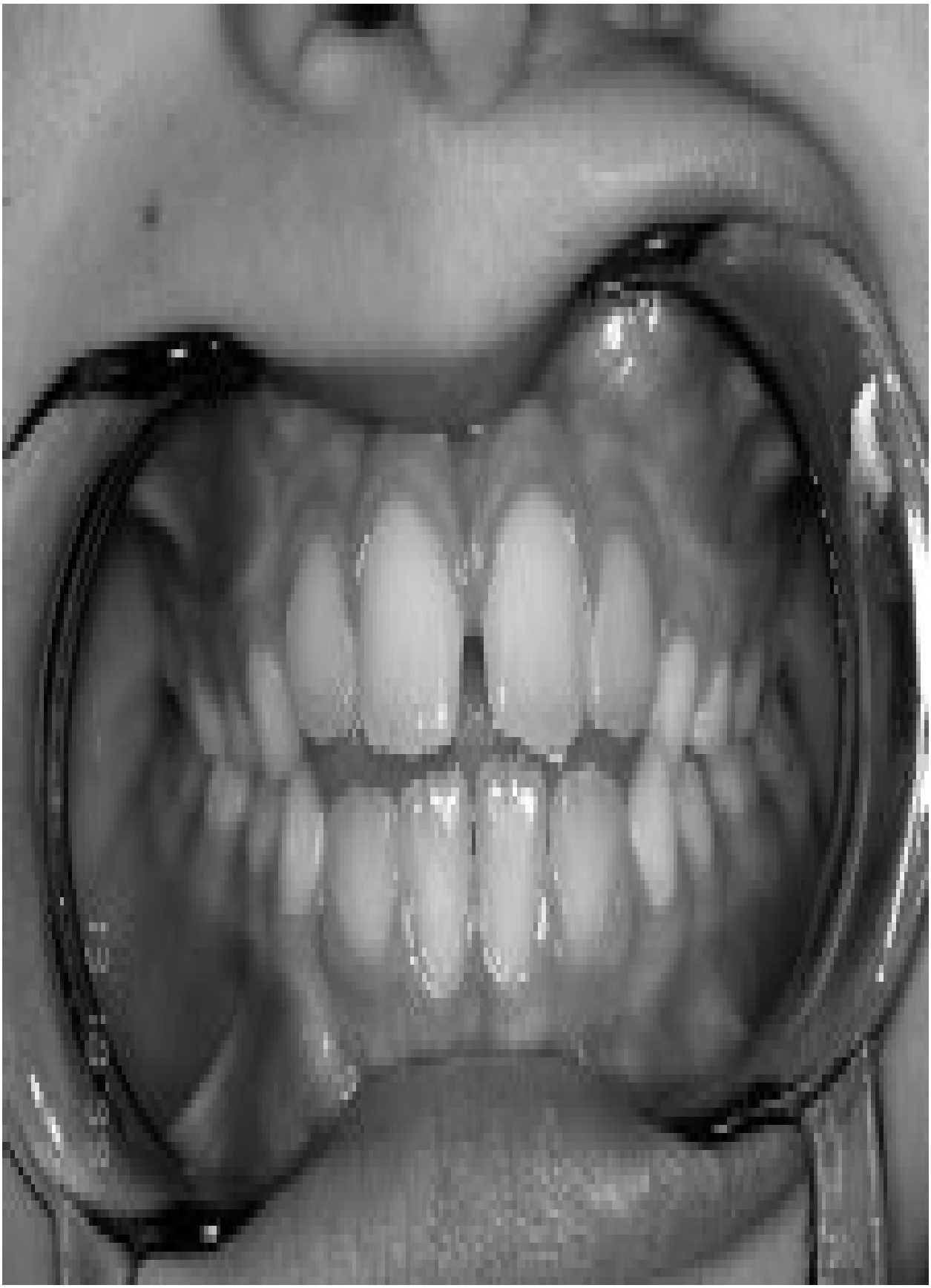

*Photo 25: Before treatment*

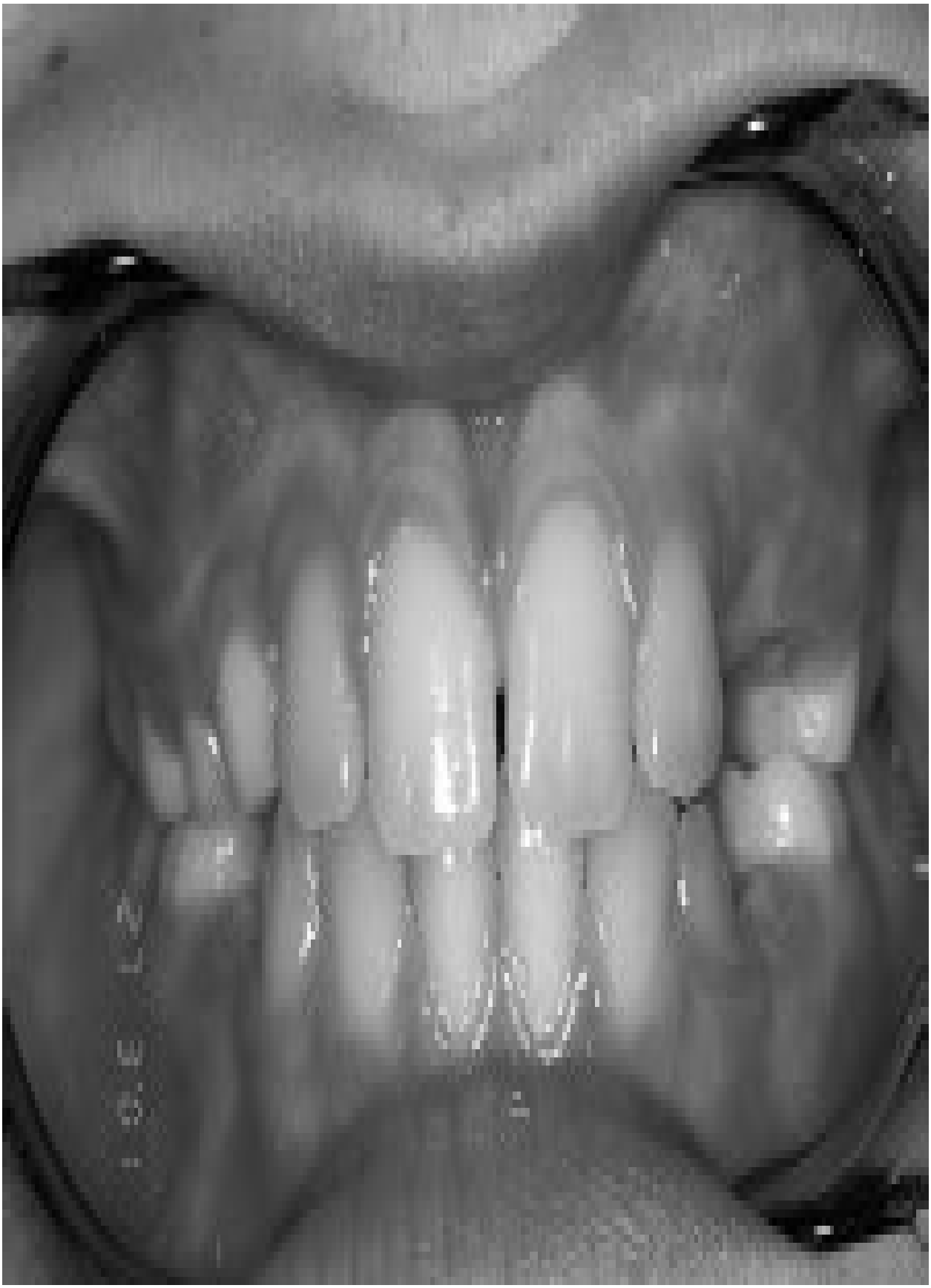

*Photo 26: After treatment*

We call this an open bite and the tongue will instinctively plunge into the gap between the teeth. This malformation of the mouth goes hand in hand with swallowing and elocution problems. Sometimes these kids suffer from the well-known ‘lisp’.

As I did for Francis, I explain to her parents and to Annie that these mouth shapes are incompatible with pure nose breathing and a normal position of the tongue. I continue to explain about concentration difficulties, a tendency to daydream and chronic fatigue. Annie’s parents are surprised as she is indeed experiencing difficulties at school. As with Sylvain previously (see p. 16), the parents ask me: ‘What is the link between our daughter’s tongue, breathing, her teeth and her problems concentrating and her difficulties at school?’

To understand this, firstly I need to explain, as I did for breathing, the role of deglutition from birth. While swallowing, the new-born baby contracts the lips as a reflex and the tongue comes and presses against them. To gain an adult physiological deglutition (once all baby teeth are in place), the tongue must spread against the palate and the tip has to stimulate the papilla behind the incisors (a highly reflexogenic zone located behind the upper incisors); the lips then no longer need to contract.

You can try the following exercise: clench your teeth, keep your lips well apart and, staying in this position, swallow your saliva. If this exercise is difficult, it means adult deglutition is not completely in place. If you kept a child-like deglutition, the tongue can spread differently, either by pushing the lower teeth forward, or by continuing to plunge between the teeth (like Annie’s) and lean against the lips. This means that the tongue will not lean against the palate and exert the necessary pressure upon it.

Another exercise: swallow and become aware of the strength of your tongue against your palate or against something else, if deglutition is not in place. We swallow between 1,500 and 2,000 times per day. We can easily imagine the lack of bone stimulation if the tongue does not spread normally against the upper jaw.

The child must acquire this deglutition around 2 or 3 years old (when baby teeth come out). If this is not achieved by the age of 12 (a fateful age for premolar extraction), then nearly seven million stimulations, that would have helped to ‘make room’ on a very malleable bone while developing, will have been missed. However, we can observe that it is still possible to achieve malleability regardless of age (see photo 8 of Bernard, p. 17).

Another example of an open bite: a 5-year-old child at the beginning of treatment:

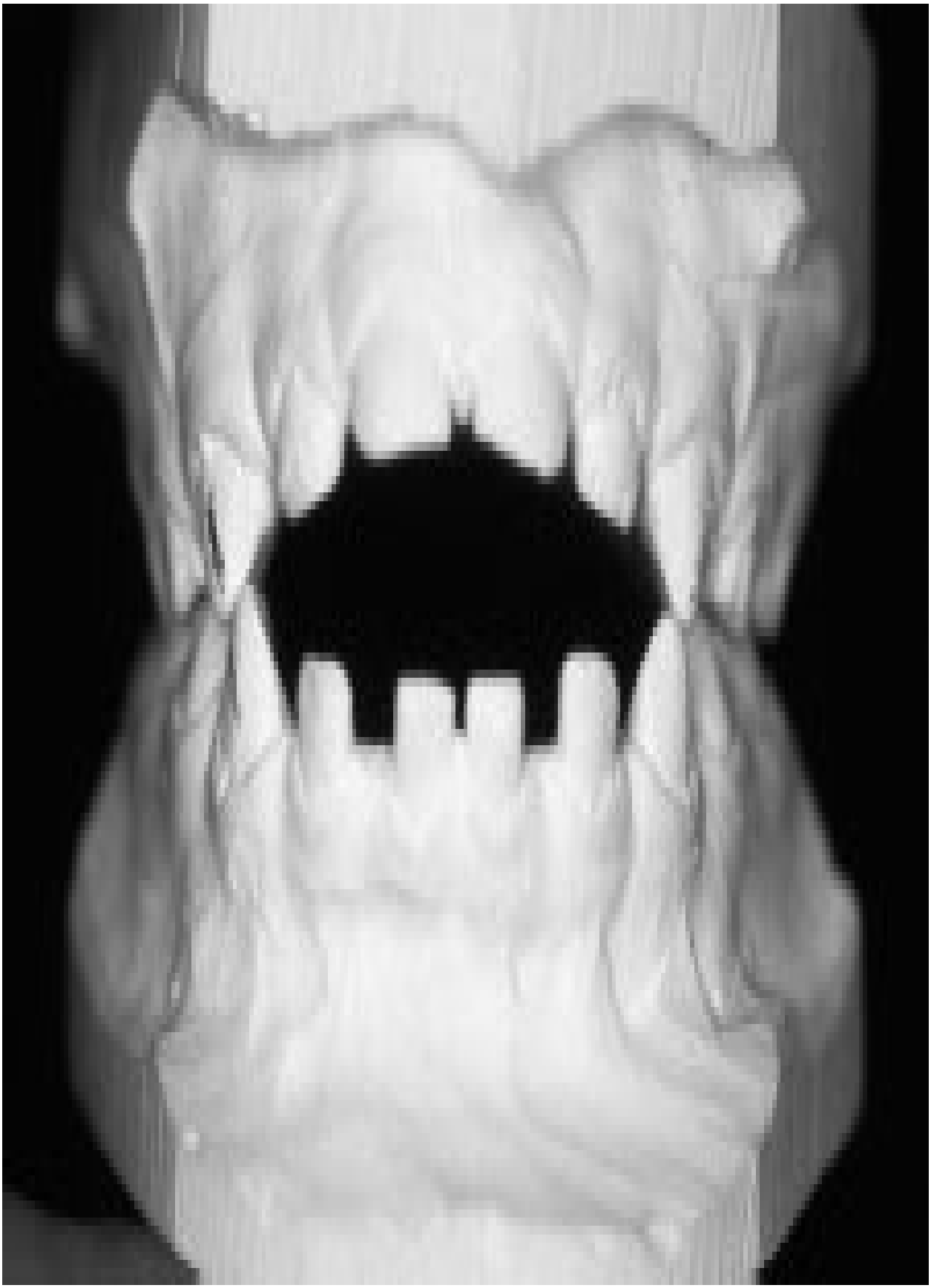

*Photo 27: Before treatment*

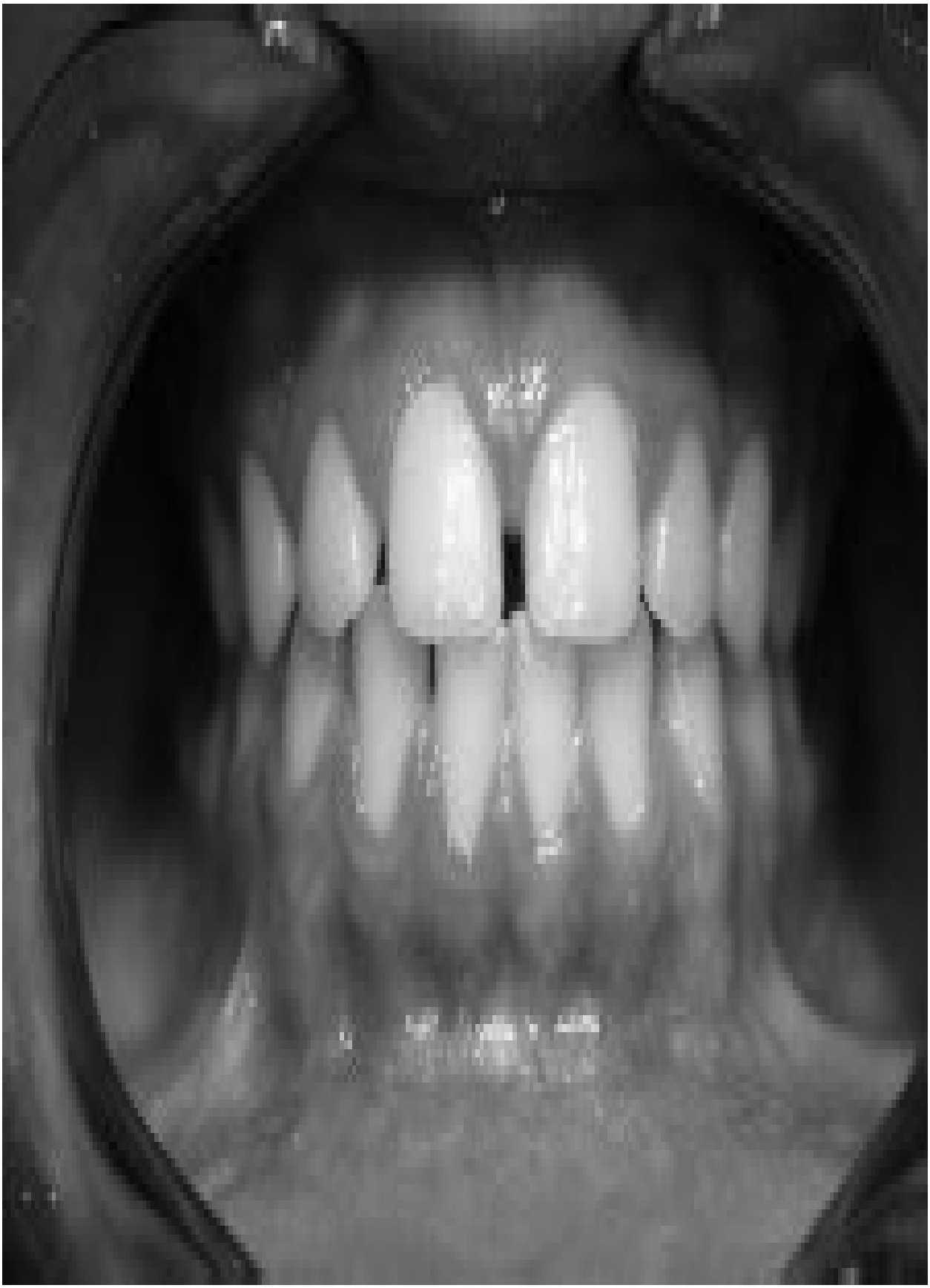

*Photo 28: 7 years later*

# 3. Phonation (or Speech Function)

Furthermore, I explain to Annie and to her parents that, if nose breathing and swallowing are important for maxillary bone stimulation, the same is true for phonation. Indeed, the tongue presses against the palate in the same way for pronouncing phonemes (sounds) as it does for swallowing. In this way, when we talk, the tongue will either help bring about malformation or the harmonization of the dental arcades, depending on its positioning.

So, what is the activator's role in phonation? On the one hand it enables the reactivation of nose breathing, with all its consequences; on the other hand, it prevents the tongue from spreading between the teeth, and allows a stimulation of alignment, giving good support to the tongue. It also brings about the relaxation of the lips, as in adult swallowing.

The activator actually allows a practical speech-therapy exercise to take place, with the possibility of working at a subconscious level at night, which is undeniably linked to the fact that neurovegetative functions move into action below the conscious level. In the same way as we do not need to tell a baby to suck, breathe, swallow, and later to chew and walk, it just happens!

We did, actually, notice that the activator did not have the same effect when worn during the day (consciously) as during the night (subconsciously). Any therapy to correct dysfunctions would not have the expected results if used only when we were consciously aware of using the activator.

After nine months of treatment using the activator, Annie's open bite closed (photo 26, p. 28). Her parents noticed an improvement in her school results over the course of treatment. The tongue (deglutition, phonation), like breathing, is also in close relationship with our state of being.

To the many questions I asked myself about the activator, due to the spectacular results obtained through the reactivation of nose breathing, I needed to add another one:

– How can the same device open a mouth (in the case of overbite) or close it (in the case of an open bite)?

# 4. Mastication (or Chewing)

Sylvain (40 years old), is a long-term acquaintance. We have already seen his teeth (photos 5, 6 and 7, p. 16). As you can see, he has a spectacular mouth malformation: upper teeth are hidden by the lower ones. This pathology is called inferior prognathism.† In normal situations, the upper jaw covers the inferior one.

Here is his testimony:

*Since the age 'of reason', I have been conscious I was different, which, by the way, did not surprise the practitioners, who, during all these years, only cared about good oral hygiene. I had a prognathic jaw; my lower lip had a very pronounced protuberance. As an adult, I moved several times and all the dentists I met, while delicately taking the tip of my chin in their hands, said, 'You know, nowadays, if we cut your lower jaw here… and there, we can get very good result.,'*

'What are the risks?'

*'They are minimal! Because we will give an S shape to the nerve of your lower jaw; it is possible—there have been cases, but they are extremely rare—that your lower lip may "fall"!'*

*Over the years, my answer became well-rehearsed: 'Thank you, doctor, I will think about it.'*

It was obvious that Sylvain had a prognathic jaw because his exterior mouth morphology was characteristic: he had a forward chin. On the other hand, I had not yet observed inside his mouth. I then described his temperament; how he functioned in daily life according to his mouth.

He was a very active person, rarely giving himself any respite, labelled an efficient businessman. When young, he could have been classified in the hyperactive child category, but the world paid a little less attention to this concept at that time.

I made him aware of, among other things, the link between the mouth and a third fundamental function: chewing.

‘You are telling me that all my life I have chewed “in a hinged way”, that is to say with my lower jaw only… opening and closing… So, actually, I do not chew. This is why I swallow my food whole and eat very fast!’

The two first sentences are true because it is obvious. On the other hand, it is incorrect to say the third sentence is a consequence of the first two. It is not because his mouth is like this that he swallows his food whole and eats very fast, but rather that his inner temperament functions in such a way that his mouth developed as it did. The mouth just confirms and reveals this fact. I will come back to this and expand on the concept as this is crucial, but for now we need to understand chewing.

Chewing starts when teeth appear. It is the metamorphosis of sucking; it is its mature stage. To understand it better, try the following exercise:

Make your upper and lower teeth touch, your muscles relaxed, without using force; from this position, slowly make your lower teeth slide gently to the right while keeping contact with the upper one (or ones) (photo 29).

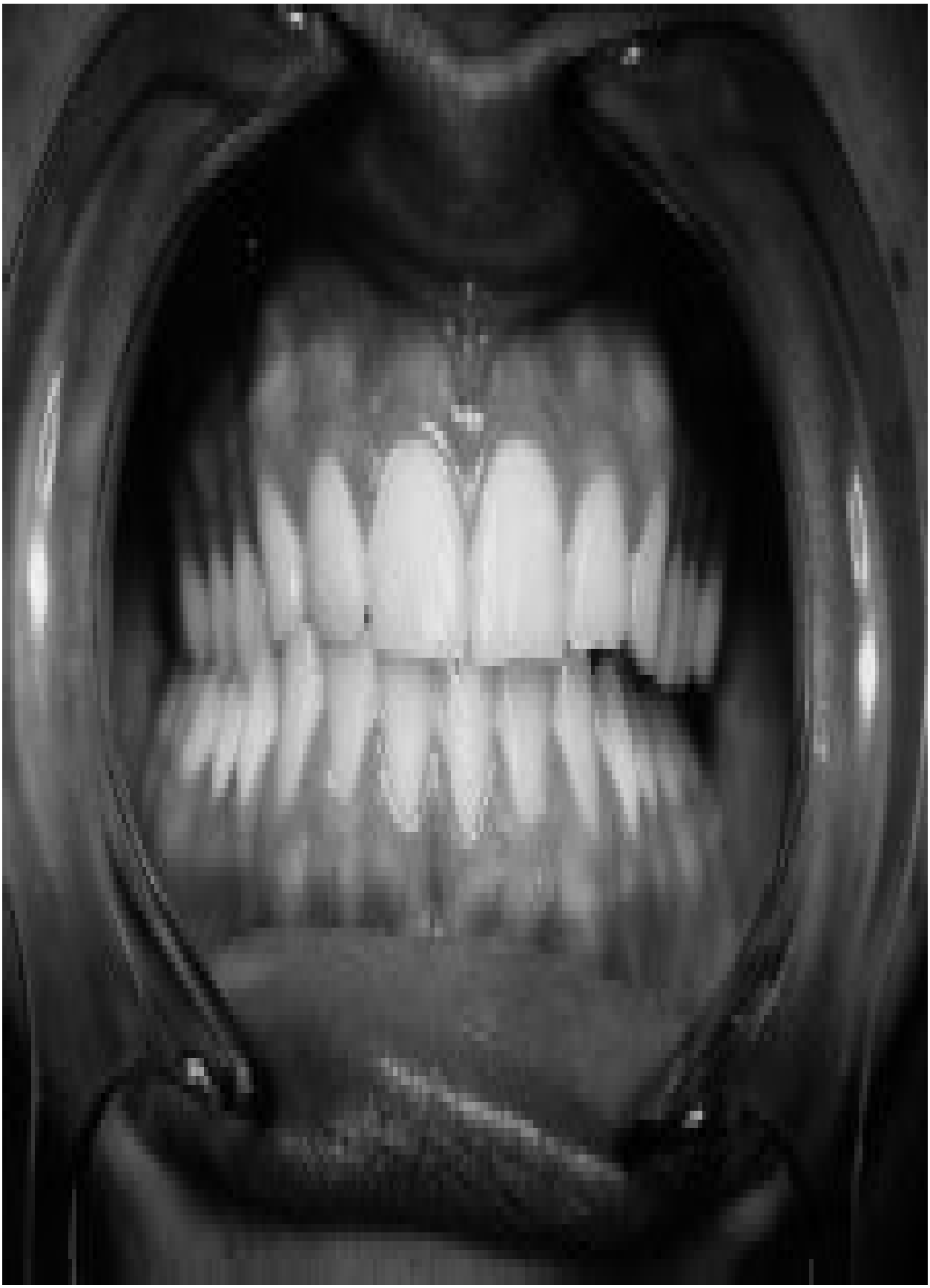

*Photo 29: Right laterality*

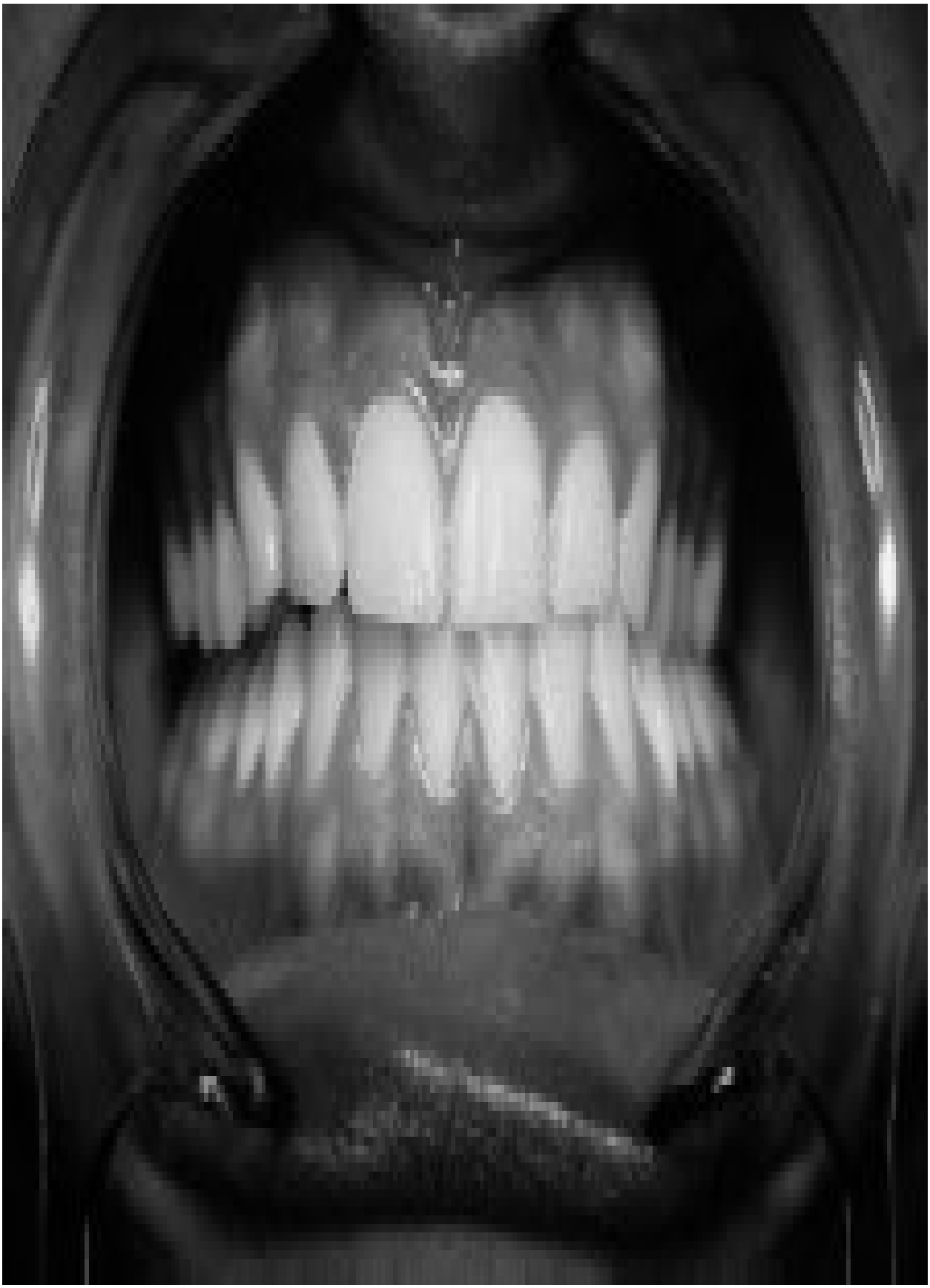

*Photo 30: Left laterality*

Do the same thing to the left (photo 30). One of the criteria for a balanced mouth is that there is contact between all upper and lower teeth on the side to which your lower jaw slides (photos 29 and 30).

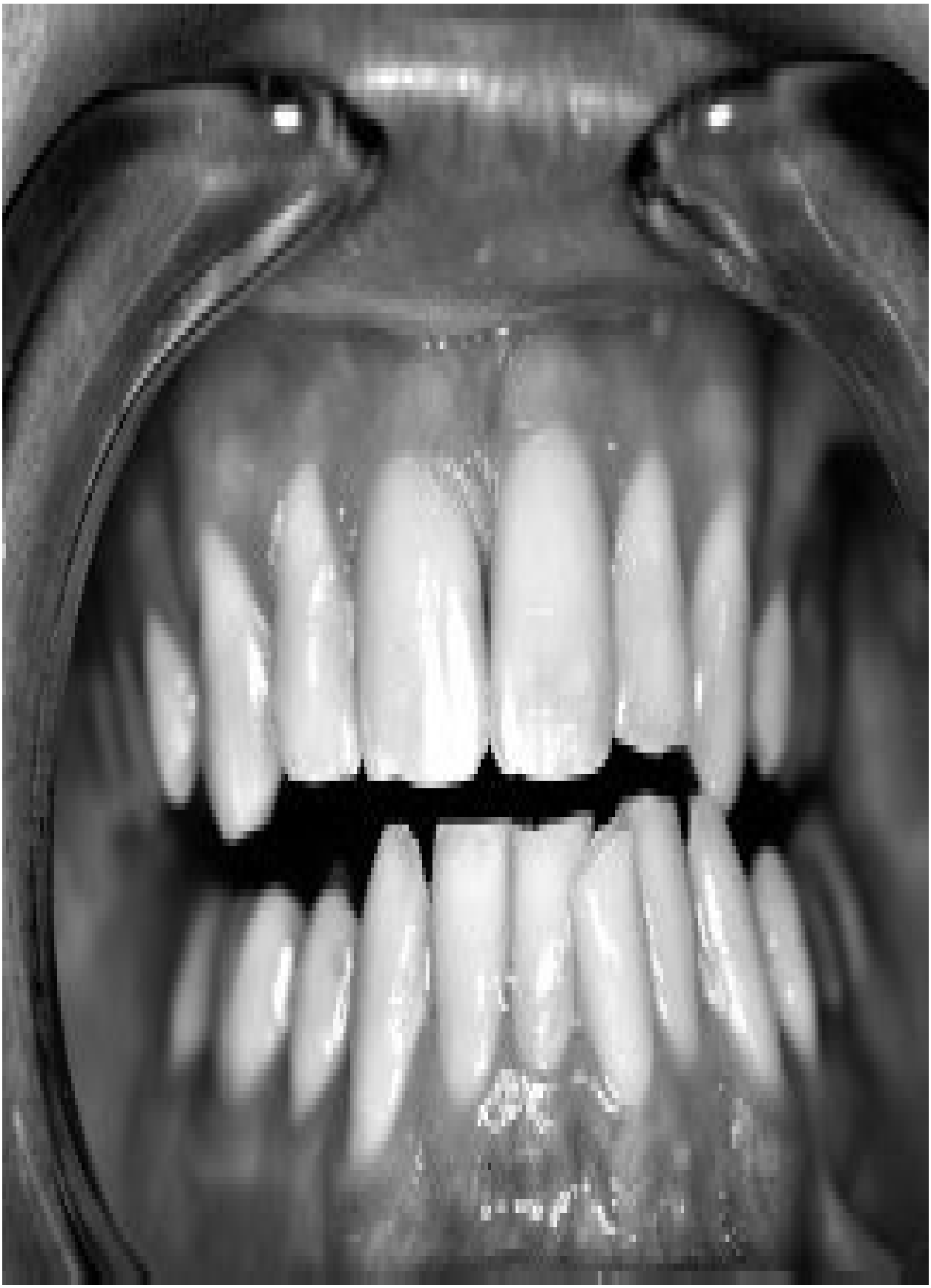

*Photo 31*

However, on photo 31 we can see contact on just one tooth on the left side. Today, this position is incorrectly considered physiological because it is observed among the great majority of human beings.

When we chew, food will simply move between dental arcades. Professor Pedro Planas says:

The mandible (lower jaw), thanks to its position, plays the role of a pestle, which rotates in a mortar made of malleable material which is the maxilla (upper jaw).

Just as we walk, putting one leg forward one after the other, so we have to chew our food, making the same number of movements on the left and on the right alternatively. Let's imagine the millions of stimulations of the mandible, helping to develop the maxilla, from the coming of the first milk teeth (from 6 months to 3 years) and then later, after the arrival of permanent teeth (stimulations which are in addition to those coming from breathing and from the tongue).

Looking at Sylvain's case (p. 16), there is better understanding of why his maxilla did not develop normally. His mandible went further forward and could not, therefore, contribute to the maxilla's growth.

On a daily basis, we observe that patients have a preferred side for chewing. It is as though we walked favouring the same leg our entire life. Imagine the compensations that would be necessary to carry out this way of walking. The same is true for the mouth, and the patients have to compensate, to adapt to it. But the repercussions must be visible, somewhere!

Indeed, let's take the example of a someone who chews on the left side all his life. What would we see?

–A deviation of the mandible to the left and of the maxilla to the right.

–This leads to cranial tensions (that osteopaths know very well).

–Muscular tone increase on the left side of the head. Indeed, if we eat only on one side, we will build more muscles on the active side. This will give rise to a head tilt to the left due to muscular hypertension.

Now, in a person’s normal posture, the lines of the eyes, the shoulders, the pelvis and the ground should all be parallel.

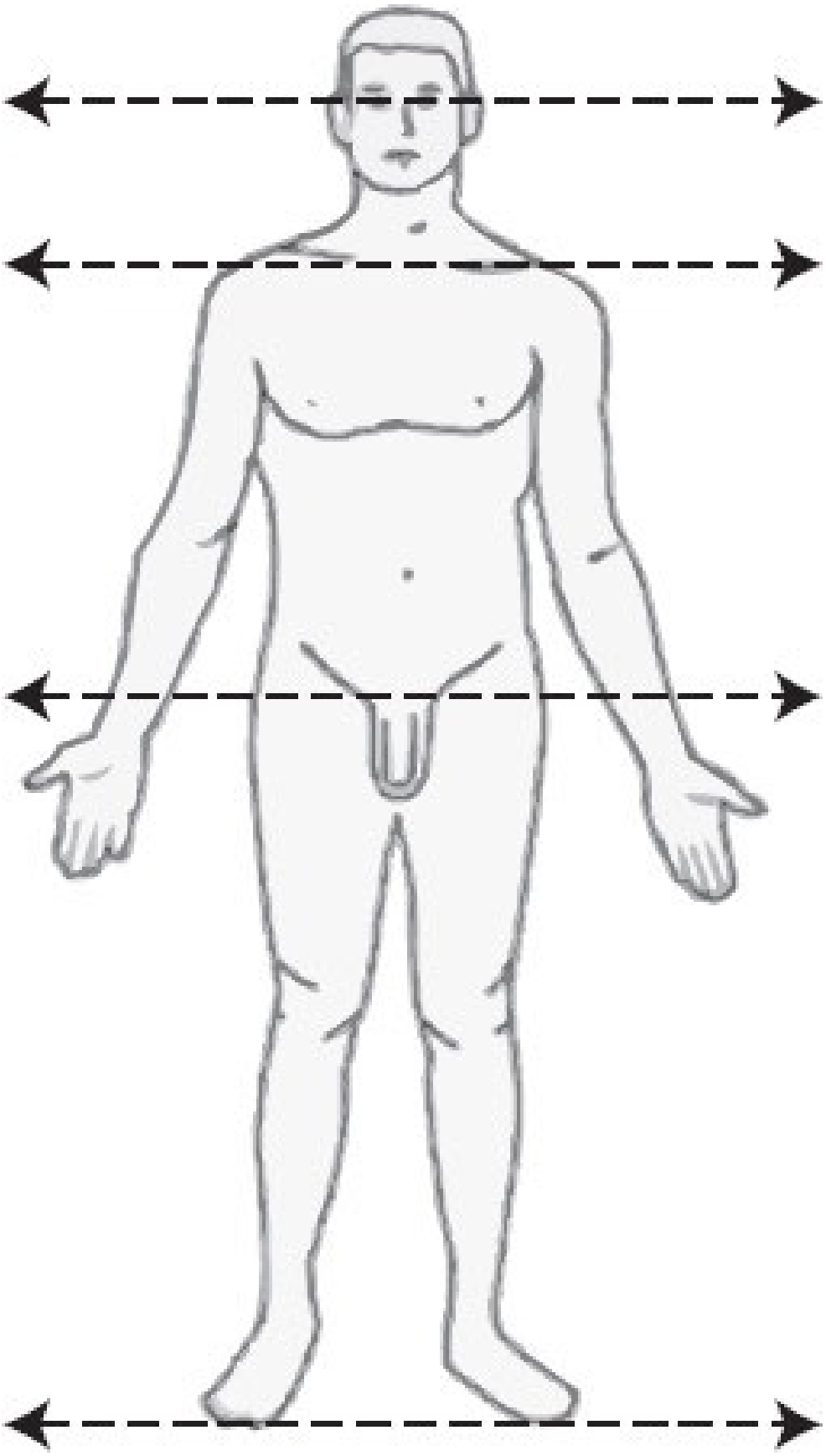

*Fig. 1*

If this position is not achieved, a person will have to compensate in an attempt to regain this balance. It is always the brain which plays this role and gives the order to raise the head. If the head lifts up, it will lead to muscular tension, thus to pain. To alleviate the pain, the right shoulder will drop, which will bring the head back to its normal position.

But as the shoulders are no longer parallel to the rest (eyes, pelvis, ground), we will see the pelvis tilt, so that the shoulders and the pelvis can be parallel. We will then have a pseudo-balance with the eyes parallel to the ground (this is fundamental) and the shoulders parallel to the pelvis.

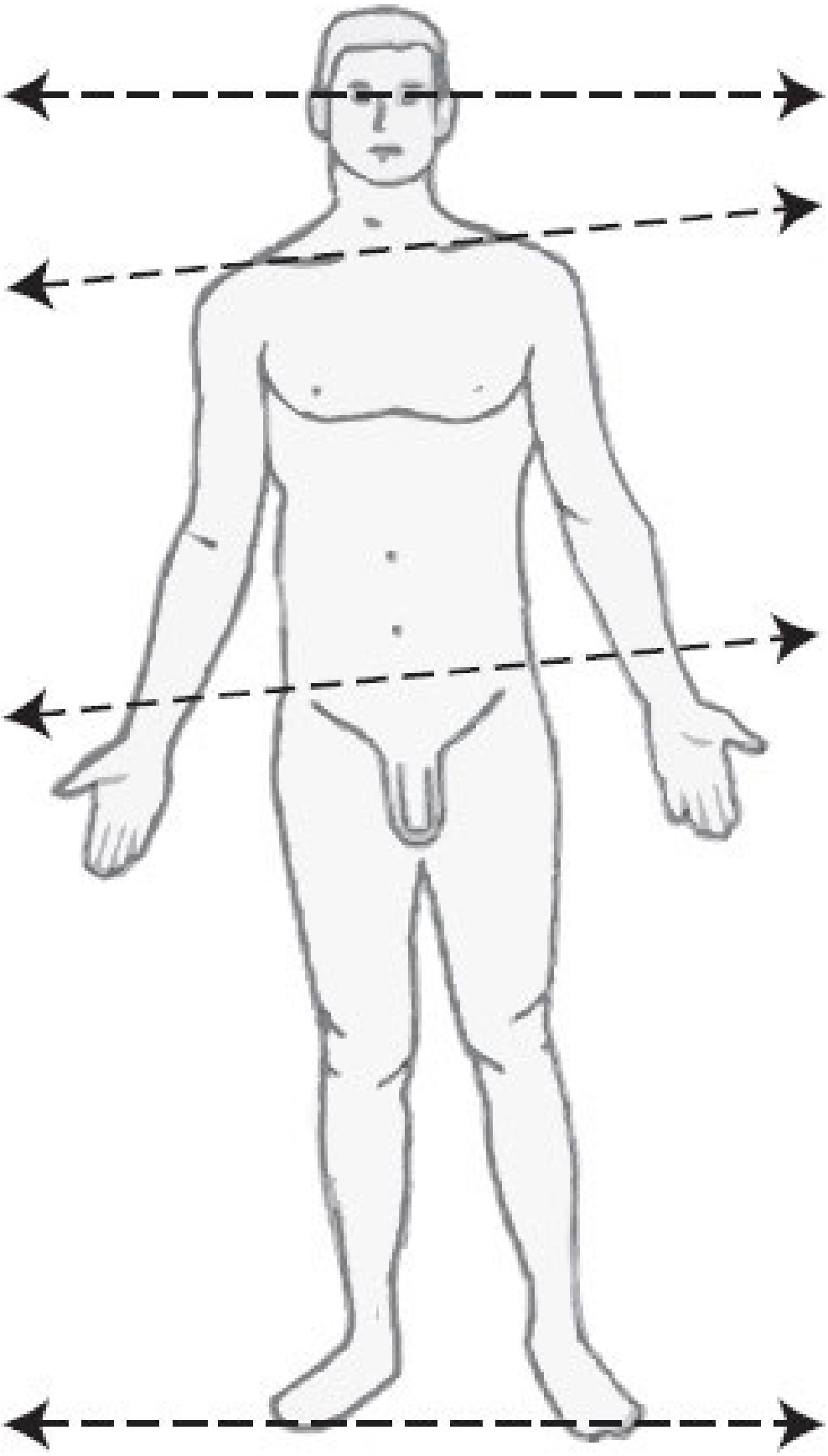

*Fig. 2*

Consequently, we face a tonic postural system of compensation (as we already noted for oral breathing). The human being will function all his life in this ‘twisted’ position if nothing is done to improve the situation.

The example of David speaks for itself (photos 14-17, p. 18). He was a very tall boy for his age, with a significantly arched back. He had rounded shoulders and an underdeveloped rib cage. This posture is symptomatic of people who breathe through the mouth. The levelling of his occlusal plane was accompanied by a spectacular straightening of the spine and of an opening of the rib cage, bringing an alignment of the shoulders. This young man is now two metres high.

I have just described a visible repercussion of unilateral chewing, but there are also more insidious and less obvious ones to observe. Here is an example: when we talk of ‘chewing’, we think of food. But what exactly is eating?

What a funny question! Everybody knows what eating means: eating means to feed oneself (to take in food); it is also a vital function. Eating is, in the first stage, chewing the food we voluntarily put in our mouths.

But what is chewing? It is the first stage of digestion. Through chewing, a person will crush his or her food and start to ‘break up’ the big molecules and digest the sugars.You may say, ‘But everyone chews! … except for those who don’t have any teeth left, or not enough!’

Well, no, not everyone chews.

In order to chew (we have described this earlier), we need to make alternative movements to the right and to the left. People with an overbite, or an inferior prognathism, are incapable of chewing. They open and close their mandible (lower jaw). They do place their food on the right and on the left and use some closing movements, but this is quite insufficient to prepare the food before swallowing. They squeeze but they don’t crush their food. They swallow, as we say, ‘whole’.

But nonetheless, they do feed themselves, surely? Yes, but that's it: they feed themselves, but they don't chew. They skip the first stage of food digestion. Well, we have explained the importance of proper digestion at the beginning of this book.

A functional digestion is therefore impossible for them. This will need to be compensated, like any disrupted function. Whatever happens, the uncrushed food will have to be assimilated (like the air coming through the mouth when the nose is blocked). The stomach and then the intestine will have to compensate for the lack of dental work. This implies an overload of work for these two organs.

*Just how far can the compensation go?… As far as sickness, as we already saw.*

There are many trends in food. After numerous kinds of diet suggestions, events like 'mad cow disease', transgenic corn, battery farming, antibiotics, hormones, soil-less cultivations etc., 'organic' food is more popular today than ever before. But is it enough to eat healthy food to be in good health? As we have just seen, it is also vital to eat food correctly.

The first stage of digestion is chewing, and the importance of its assimilation. It is the time spent in the mouth compared with the time spent in the stomach and intestine. The consciousness of food is located in the mouth. As soon as we swallow, the rest of the digestion process becomes unconscious (except if there is pain).

There are taste buds and the process of retro-olfaction in the mouth. At this level, we use two organs of the senses: taste and smell. Taste only recognizes savoury, sweet, sour and bitter. The sense of smell, through retro-olfaction, makes us aware of all the aromas passing through the mouth.

In the wine sector, for instance, we say of a good taster: 'He tastes well.' Wine tasting (or any other tasting) is an initiatory experience that urges you to stop and enjoy 'the present moment' – to live the present fully. To swallow whole is to skip the conscious stage at the mouth level. How can we experience what we have already swallowed?

The mouth brings together the taste as well as the smells that we experienced prior to tasting. This blend of taste and smell explains why food and wine do not give us the same sensations in the mouth as in the nose. This time spent in the mouth is a firework of free physiological pleasure we can indulge in, if we so

decide, but that we ignore too often.

From the moment we swallow, we enter the subconscious phase, but there is still something to savour. Once the wine has been swallowed, the lingering aroma can last for a while, depending on the time spent in the mouth and the quality of the wine; the same could be said of food.

With this new insight, we can really understand how, when it comes to food, incorrect chewing encourages us to prefer quantity and rapidity rather than taste and quality.

If we refer to the concept of ‘healing through digestion’, it becomes evident: Quality, conscious chewing will play a role of importance that has perhaps never before been fully recognized.

Eating like a robot forces the body once again to introduce a whole raft of compensations, in order to digest as well as possible. Gradually, organs will become overwhelmed. Adaptations won’t be enough and sickness will set in, making us aware of the following, as ‘the friend’ (the sickness) tells us: ‘Until now, your functioning has been faulty. You can choose to become aware of this and do something to change it. Or, you can also choose to change nothing and, in that case, sickness (as your friend) will always be there to tell you.’

On the evidence of our clinical observations, we can say that people whose mouths regain balance do not need any prescribed diet. They are aware of precisely what they need, and know they have to take their time to eat and to chew – weight loss is spectacular. This way of functioning, and the fact that the entire body participates in chewing, obviously has a psychological impact.

Let us go back to Sylvain (p. 16). Here is what he wrote to me a few months after the end of his treatment:

*My personality trait used to be more ‘go-getter’ than the majority, maybe… They say people with a prominent chin forge ahead.*

*This may make people smile, but I had the impression, thanks to the treatment, that my head (my mind in fact) was changing. I still had the same ardour but I reflected more, and I had a better analytical mind. Clearly, I felt different; things that seemed impossible became attainable, and even easy. I told you I would make people smile!*

*If I was to start again, I would do it even more eagerly… I am at the disposal of anybody who would like to hear further details. But if only these few lines would allow parents to act without delay to support their child's health!*

In the customary dental practice, indeed, Sylvain's mouth dysmorphia can only be treated with maxillofacial surgery; there is no alternative. And yet… Sylvain did not undergo any surgery, nor did he have a single dental extraction (see photos 5 and 6, p. 16)!

# 5. Conclusion

In all cases of mouth dysmorphia, we find permanent or temporary mouth breathing, atypical swallowing, unbalanced chewing and more or less pronounced phonation problems which are not always noticeable (moreover associated with dysorthographic problems).

We have seen that these functions, called neurovegetative, are performed unconsciously. We do not have to think about breathing, swallowing, chewing – even if we do these things consciously. Furthermore, they all use the same anatomical structures. There is not one unique organ for breathing (the lung alone is not enough). The same applies for swallowing, chewing and phonation.

It was therefore logical and predictable that we routinely observed that when one neurovegetative function is disrupted, all the other ones are too, to varying degrees. Moreover, this is no new discovery. It has been written in all the books on orthodontics for the past century.

In the 1700s Pierre Fauchard and more recently Pierre Robin around 1900, highlighted the link between mouth dysmorphia and general dysfunctions. At the time they used the term glossoptosis (tongue dropping). Glossoptosis is a swallowing pathology.

This name, rarely used today, covers an impressive list of known syndromes: otitis and ENT problems, ogival-shaped palate, receding or clog chin, tuberculosis, aerophagia, gurgling, constipation, acrocyanosis, chilblains, headaches, nightmares, adenoids, mouth breathing, jaw and teeth irregularities, swollen neck lymph nodes, arched back, frequent scoliosis, rickets, gastroenteritis, hands in pronation, flat feet, sensitivity to the cold, tiredness, slowness or agitation, delay in the ability to walk and to speak, allergies, skin diseases, restless sleep, snoring, anxiety, over-emotional responses…

If it is obvious no one suffers from all these syndromes (or very exceptionally), nonetheless for every patient with mouth dysmorphia, several of those symptoms appear, more or less severely.

Many researchers around the world tackled this issue (Heyberger, Planas,

Macary et al). The recurring conclusion of this overall work is: ‘When a mouth does not function, associated neurovegetative dysfunctions are routinely found.’

Professor Besombes even found a quotation from Hippocrates (Treaty of epidemics, book VI, 1, 2): ‘Among the dolichocephalics, some have a vigorous neck and a strong skeleton and body; others are subject to cephalalgia and otorrhea, the latter have a deep palate and crowded teeth.’

This surprising passage represents the most ancient written testimony about orthodontics. Teeth anomalies are connected to skull architecture, the shape of the palate, and characteristic symptoms of people with adenoids who breathe through the mouth. (A. Besombes, 1962)

This has been observed since antiquity and continues to be so until this day. When Sylvain asked me: ‘If science knows this, why isn’t it taken into consideration?’ I did not have the answer, although I myself had made the same observation. I needed to find a therapy that would enable the recovery of all these neurovegetative functions. And it’s the activator that brought me the first solutions. Because mouths rebalanced themselves when patients started breathing through the nose, physiological deglutition, phonation and harmonious chewing were also achieved.

This was the stage I was at in the journey I was on. Regardless of their age, all the people I have quoted had one thing in common: they had only used the activator to treat the different, incorrect arrangement of the teeth in their mouths.

I was more and more amazed by the clinical results achieved by this therapy, but there were further discoveries to come. Indeed, I was about to discover that the improvements in my patients’ mouths were accompanied by a change in the way they looked at life.

Here is an example. Julie’s testimony (19 years old):

*I started the treatment with the multifunctional activator in 1993, I was 14 at the time.*

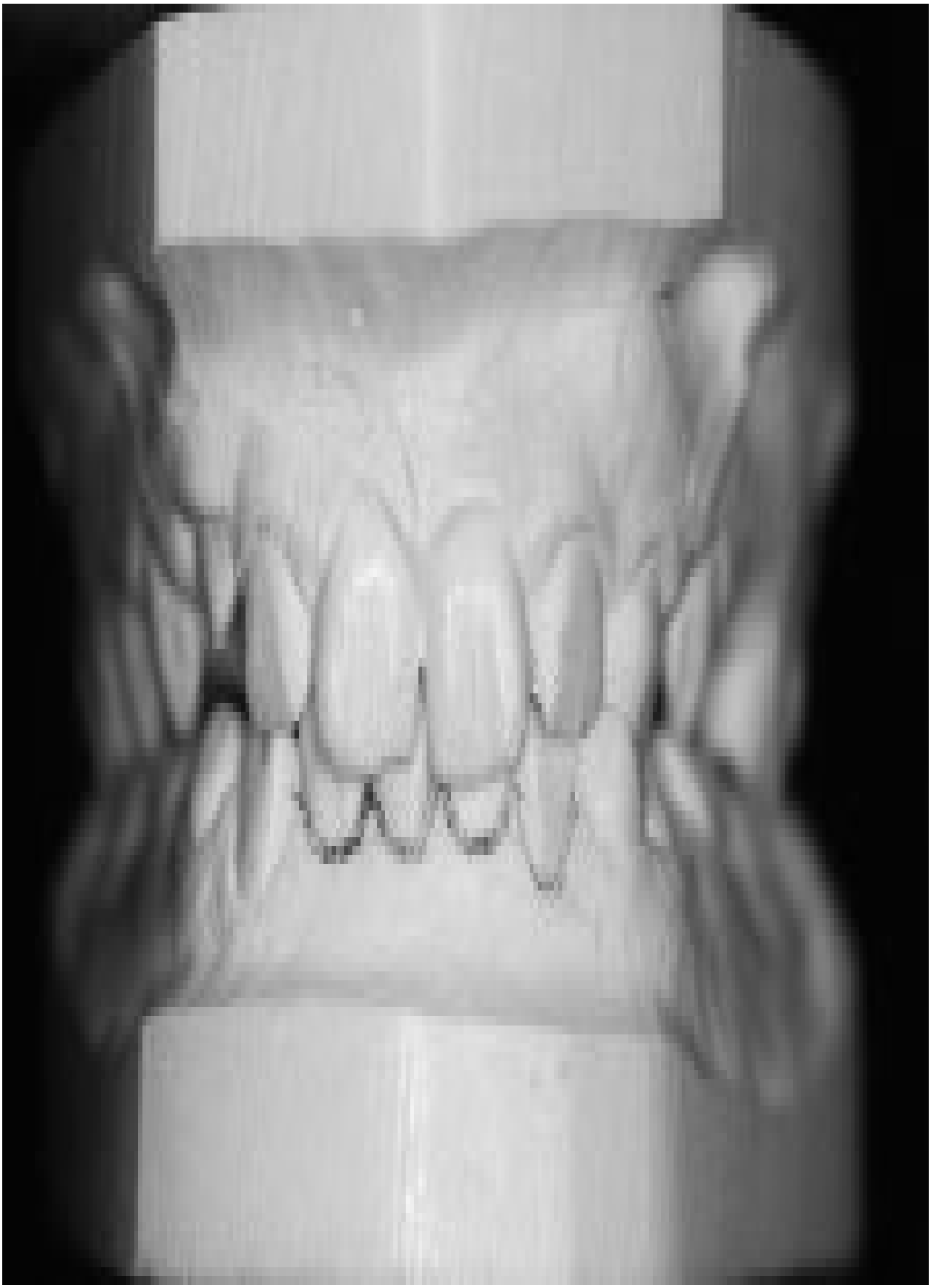

*Photo 32: Before treatment*

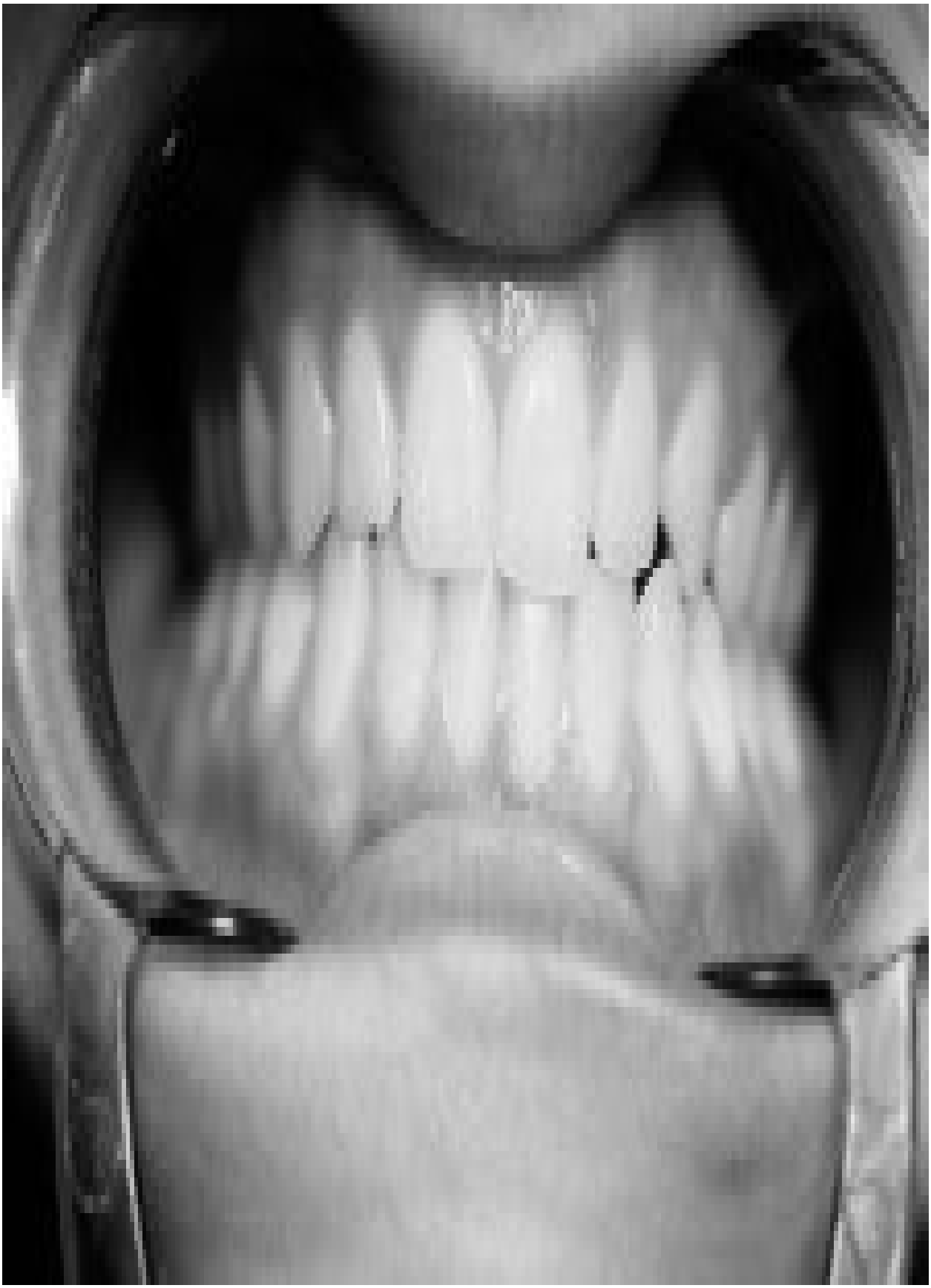

*Photo 33: A few years later*

*I was racked by very distressing pain in the back of my neck; my canine would not come through—actually my left upper canine was stuck in the bone—and my life belonged more to others than to me.*

*I was rebellious – in conflict with my parents, school and about everything concerning the 'adult' world.*

*I realize now that I was living through others' ideas, projects and tastes. I was innovative and creative, but I let myself be carried along by a life which was not really of my own choosing. It was obvious that I was not really myself, and anyway I was not even aware of this concept of mouth balance and did not care about it. Then, during this treatment and as the years went by, I went through big changes, without really linking them with this piece of rubber I was wearing every night but hardly during the day.*

*I felt less the need to seek attention and gratifying compliments which flattered my ego, in search of love. I often wonder how I would have been if I had not included the activator in my life. For a few months now, I have been feeling more and more independent and strong, in the sense that my choices are the fruit of my creations. I am responsible for my own life and I feel wonderfully well within myself, even if I still ask for comforting words although I know they are no longer necessary. It is not easy to compare 'before' and 'after', as I have the feeling I have always been as I am now, only this 'today's Julie' was deep down inside, a possibility, ready for action but stuck and hidden under a pile of old things and toxic thoughts that I have since sent into orbit…*

*Today I am present in my body that I love and which I listen to with much more attention. This strength which accompanies me is the most beautiful proof of love that I have ever received from anyone else other than 'my loving self' and today I am proud of me, proud of this person who exists and whose name is Julie.*

But how can wearing a rubber mouth piece give such results? Before answering this question, it is important to define the concept of a balanced mouth.

# *II – The Balanced Mouth*

# 1. The Classical Dental Vision

**– Discomfort with Extractions of Healthy Teeth**

For many years, I diligently applied everything I had been taught. However, as I said previously, I felt more and more uncomfortable with certain practices like extracting the healthy premolar teeth of 12-year-old kids under the pretext there was a lack of space. I also had an uneasy feeling about the practice of extracting wisdom teeth, which had become almost routine. What was even more distressing at the time was that I did not have any answer to this. Moreover, to me, the diagnosis leading to these extractions lacked coherence.

In order to justify these teeth avulsions, we considered the apparent facts: ‘They don’t have space’, ‘They will overlap’ or ‘There is a risk of relapse after orthodontic treatment’. But it left me deeply unsatisfied because none of these reasons for extraction really explained the problems.

**— Facts Which Raise Questions**

However, nobody can deny the scale of the phenomenon of mouth malformations. It is confirmed even by the ARPEA (Association for the Research and Publication of Archaeological Studies in Val de Marnaises), which organized a seminar between 26 and 28 May 1999. Anthropologists, doctors and palaeontologists wondered about the ‘high percentage of growth disharmonies’. A figure caught my attention: 70% of French children present ‘class II’ growth disharmonies (when the upper maxilla is ahead of the lower maxilla, also called mandible—as was the case for Bernard, photos 8, 9 and 10, p. 17). We also name this pathology upper prognathism, as opposed to lower prognathism seen, for instance, with Sylvain (photos 5, 6 and 7, p. 16). If we add all the other associated disharmonies to this ‘class II’, like overbites for example, we reach a figure close to 100%.

But why are there so many malformations? Do balanced mouths exist? How can we remain indifferent to a pathology affecting almost every child in France (then every adult)? And yet, I do not notice any more interest for this issue than for the following questions:

–Why is the tongue so rarely positioned properly (which means stuck to the palate), but almost always in a low position, which leads to multiple disorders in the body? (See Glossoptosis.)

–Why are there cavities? Is it inevitable to damage one’s teeth?

–Why so many prostheses? The dental world is proud of its technical progress. But is it inevitable to wear a prosthesis?

–Is it inevitable to lose one’s teeth (have cavities, loosening)?

–Why, in the same human being, does the surface of the bone not correspond to the size of the teeth? Indeed, how is it possible that one cannot develop one’s own bone to receive all of one’s teeth without any problem?

Here are some answers I was given but which never convinced me:

–The jaws are underdeveloped because we only chew soft food today. (Yet, there is also hard food.)

–Others say that this lack of space comes from the fact children are not breastfed.

It seems essential to dwell, for one moment, on this point. Breastfeeding is fundamental for the infant's development. It is the sole guarantee of perfect nose breathing, whereas the baby's bottle does not encourage the child to breathe this way. On the contrary, if the flow is too fast, it will initiate mouth breathing. Remember this question (p. 25): 'Through which alchemy has humanity transformed nose-breathing babies into mouth-breathing adults?'

Moreover, the strength used by the child to suck at the breast is an indispensable stimulation for the maxillary growth and for the development of all the muscle structure of the tongue, lips and jaws. An infant does not fall asleep with the breast in the mouth because the child is replete, but because the child is exhausted.

All of the studies show the importance of breastfeeding. It is obviously not questionable. But is it, however, the only reason for the lack of space in mouths? Having seen many children who were breastfed having dental problems as well, I know the real reason is to be found elsewhere. Neither the action that we could call 'techno-mechanical' in the case of bottle feeding, nor the quality of animal milk are the real source of the problem. These are only additional factors.

*The most important factor is the state of mind – the state of being of the mother and of her environment.*

When the mother breastfeeds while stressed, or more simply while not being 'present' (her mind is elsewhere), it is that state of mind which is passed on to the baby through the milk. But not to make mothers feel responsible unfairly, we

need to add that breastfeeding should be a privileged moment for a couple, that is to say in a home where both parents are happy.

I also observed more and more that wisdom teeth were blocked in their bone. Some people deduce a progressive change:

–They think the number of teeth is decreasing which is why there is teeth crowding.

–The bone is shrinking a little too fast. This would be part of human evolution, because the human race does not need ‘fangs’ anymore to feed… This would be demonstrated by the growing number of agenesis, nature adapting well by reducing the number of teeth, as jaws are smaller. (But nature could also have reduced the size of teeth and jaws at the same time!)

–Others believe disharmony is due to heredity and genetics. For instance, one would inherit the father’s large teeth and the mother’s narrow jaw. Why not?

This is the teaching I received. I was not convinced but did not have any evidence to refute it… until the day Claude, my son, got all his teeth aligned without any extraction, thanks to a simple rubber piece, considered by this same teaching to be ineffective. This could have been the famous ‘exception to the rule’ (but the other patients will confirm that the exception becomes the rule).

When the exception becomes the rule, then we face a law of nature. The rule is enacted by people whereas the law of nature is universal and can be reproduced.

These scientific hypotheses about heredity never convinced me because there were other signs that troubled me. For every mouth dysmorphia, we routinely observed mouth breathing associated with atypical deglutition and unbalanced chewing. Therefore, there would be genes of bad breathing, deglutition etc., transmitted by heredity!

It did not make any sense but I did not have the arguments to counter these assumptions. Moreover, I knew that extracting certain teeth did not guarantee either the alignment of the other teeth or the success of orthodontic treatment.

So, during the Days of the European Orthodontics College on 11 and 12 November 1995 in Paris, where the theme was ‘Orthodontic stability’, some leading peers took turns and presented their results along those same lines. The conclusion of this international meeting was indeed: ‘One third of the cases is stable after orthodontic treatment and two thirds recur.’

Furthermore, to the question: ‘When there is a small degree of teeth crowding, knowing there is recurrence, is there a need for treatment or not?’ the answer was as follows: ‘The problem is that we do not know the percentage of recurrence or with whom it will recur.’ These observations, dated 1995, could be reproduced verbatim in 2007.

The results achieved by my patients (and all my peers’ patients who joined us) opened up a new path of research. Indeed, these were not isolated cases reacting particularly well to an original treatment. The results for every patient who followed the treatment seemed to follow the same rule which took a more precise shape every day. These achievements finally allowed me to look at dental issues in a more comprehensive and scientific way.

**— Do we ask the Right Questions?**

Facing the increase of solutions offered, equalled by the increase of problems encountered, I still found myself asking if we shouldn't offer another way of thinking – another way to understand these situations?

Facing a particular problem, we always ask ourselves the same questions: How can we solve it? How can we treat the cavity, make a prothesis? How can we extract a tooth or straighten it? How can we cure a mental disease? How can we reduce the deficit of the Health Service's budget? How can we help the poor? How, how, how…

No answer to these questions is satisfying. Why? Because we do not ask the right question. The wrong question will inevitably lead to the wrong solution. To answer the how? is to stay at the level of rigid intellectual knowledge.

To me, the right question is why? and not, why does the activator treat malformations? but, why does dysmorphia exist? By answering this why? we give ourselves the possibility to access medicine based on a medical culture, to access real knowledge. The answer to the why? gives a diagnosis which includes the therapy. We now speak of the real why? the one which goes furthest to the root of the problem and reaches the very essence of it. From this why? we can then access the what for? Some examples:

–Does 'drugging' a child explain why he cries?

–Treating a cavity (obviously a necessary act) does not say why this cavity exists.

–Does taking teeth out allow us to answer the question of lack of space? No, we only treat a visible symptom.

On the other hand, the answer to the question: Why is there a lack of space? will

avoid useless extractions and lead us towards the correct therapy. Only the right question can lead to the right answer.

# 2. Mouth Balance: A Different View of the Mouth

The work of Professor Pedro Planas of Barcelona, stomatologist, professor of Dental Surgery, founder of the Spanish Society of Orthodontics, has been very helpful to me for the implementation of a new approach to the mouth. He was keen on the rule of ‘the three whys?’ ‘To the first why?’ he said, ‘we always have a ready-made answer, the one we were taught. To the second why? ‘We need to start thinking, but our beliefs take over and we find again a ready-made answer.’ To the third why? ‘We access the very essence of the question; there is no longer a programmed answer. From this moment, the research begins.’

I met Professor Planas in 1990, and heard his revolutionary assertions which opposed the established dental pronouncements. I went to his house in Barcelona with great enthusiasm to study such controversial data. I slowly began to sense that this concept of oral balance he was talking about would finally allow me to get the answers to my questions about the origin of dental disorders and shed a new light on them. For Planas, orthodontic relapses simply result from a problem of oral balance.

***– A Balanced Mouth***

But what is a balanced mouth? Systematic clinical observations allow me to confirm Pedro Planas' theories, which challenge conventional knowledge. I will only develop three of the 'laws of Planas' here:

## *1. Planas' Functional Chewing Angle or P.F.C.A.*

Among all the elements of analysis we need to go through during a consultation at the dental practice, this angle allows us, amongst other things, to know on which side the patients eat instinctively, necessarily, neurologically.

But if you want to make this first test yourself, put some chewing gum in your mouth and observe which side it instantly goes to. If it goes to the right, it means the P.F.C.A is smaller on the right (and conversely, if it goes to the left). Obviously, if one of your teeth hurts, or if you had a tooth taken out recently on the right, you will avoid this side and will go to the left, but this phenomenon will remain temporary.

Thus, this P.F.C.A enables us to know on which side we eat, on which side we 'function', because there is nearly always a side we use more. Indeed, it is quite rare that the chewing movements are bilaterally alternated, that is to say, that the P.F.C.A are equal. Yet this is one sign of a balanced mouth.

## *2. Contacts on Every Tooth on the Chewing Side*

Another sign of a functional mouth is when all teeth are in contact on the chewing side (photos 22 and 23, p. 26-27). (These contacts must not show any significant wearing down of the teeth, as this wearing down is the sign of another imbalance.) Unfortunately, this does not happen often and we observe more frequently contacts on one or two teeth, as in photo 31 (p. 32). In that case, we have a 'hinge-type' chewing, that is to say, movements of opening and

closing of the mouth. The person experiences great difficulties in making the lateral movements necessary for physiological chewing.

## *3. Square-Shaped Mandible*

The mandible is square-shaped when the four lower incisors are on the same line (photo 34).

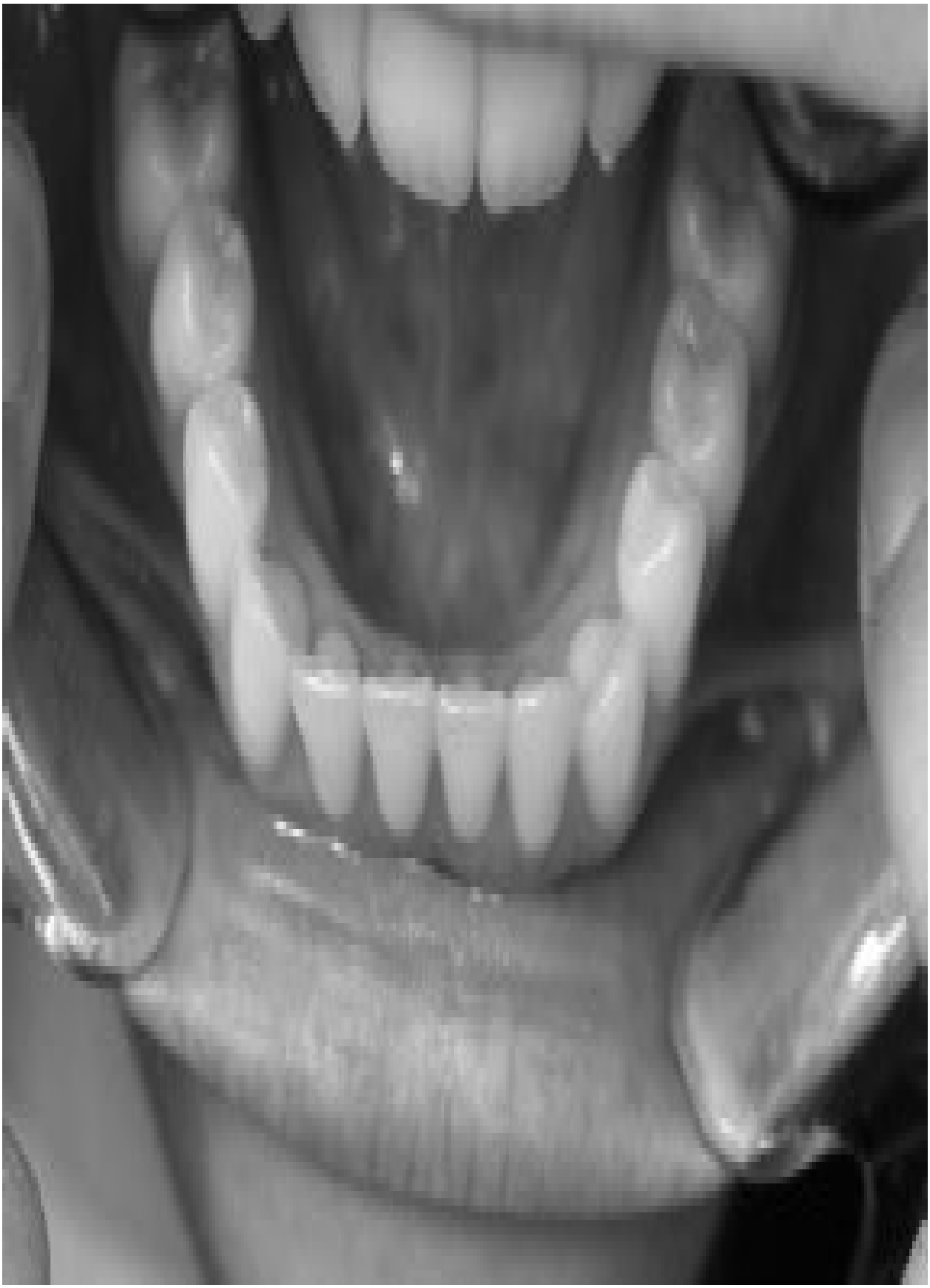

*Photo 34*

This square shape of the mandible is one of the basic conditions for a balanced mouth. On the functional and anatomical level, the P.F.C.A can be equal (and functional) only if the mandible is square. This square shape is the sign of extraordinary strength (physical strength but above all inner strength). These people will never give up (at least not for long). But what is the position of this mandible with relation to the maxilla?

In the case of an overbite, the upper maxilla blocks the mandible. If nothing is done to unblock it, the person will feel a conflict between the potential he senses within him and his helplessness to reach it. Therefore, the square mandible is an essential element, but insufficient. It is important for it to be in harmony with the upper maxilla so that the P.F.C.A are equal and the dental contacts laterally omnipresent.

As treatments progressed, our clinical observations routinely confirmed the harmonization of the mouth according to Professor Planas' theories. This quest towards mouth balance was concomitant with a sense of well-being expressed by the patient.

**– Visualization of the Balanced Mouth**

This is a fundamental concept. During the training courses organized for professionals, we stress the importance of the visualization of the balanced mouth. It is necessary for every dentist to learn to imagine the mouth in balance behind the dysmorphia observed during the first consultation. This allows him or her to determine the goals to achieve at the end of treatment and to constantly focus on the harmony of the balanced being.

**– The Notion of Vertical Dimension**

Professor Planas' work represents a point of reference in the therapy we offer, because this vision of mouth balance is confirmed again and again through experience. However, added to Professor Planas' laws there appeared another one: the concept of another vertical dimension.

Repeated clinical observations lead me to a different point of view from Professor Planas', about this concept of vertical dimension. It is the cornerstone of mouth balance. It represents the inferior third of the face. I will describe it in the fourth part.

# *III – As Alive whether you are 90 or 20*

The story would have ended there if patients had not, once more, heightened my curiosity. Beyond mouth harmonization, I witnessed spectacular ‘osteopathic’ healings. Indeed, these patients saw their cervical, back, lumbar and/or joint pain disappear (see Appendix II for the observations made by a podiatrist, Pascal Chenut). In the same vein, I witnessed the disappearance of headaches and severe and retinal migraines. From consultation to consultation, from discussions to meetings, we have verified everything our predecessors had observed concerning glossoptosis.

Repeated clinical observations lead me to conclude that:

–For each scoliosis, for example, there is a problem of pathological deglutition (but not every pathological deglutition automatically causes a scoliosis).

–Also, if the tongue is not located in the right place, there is oral imbalance.

–As far as back pain is concerned, there is a systematic relationship between mouth and posture. (This has already been briefly treated in the section about chewing.)

We then have to face this question: in cases of scoliosis and bad posture (back pains concern a great majority of the population), how can we believe we can cure these pathologies without taking care of oral balance at the same time?

In the course of my observations, the links between the mouth and the physical body were always evident and 100% reproducible. Body improvements of all kinds always coincided with greater psychological well-being, the disappearance of nightmares, a more peaceful sleep, stress and anxiety reduction.

Even so, I could not explain all these results with just the intervention of a rubber device. At this stage of proceedings, I could only say: ‘When we talk about teeth straightening and dentofacial orthopaedics by just considering the teeth, their bones and the neurovegetative functions, aren’t we mistaken? Or at least, don’t we stop too soon, too fast, in our deliberations?’

Well-aligned teeth are the reflection of a well-structured bone, which is the reflection of muscular harmony, which is dependent on the well-being of neurovegetative functions. Thus, it became evident that in order to realign teeth, the work had to focus on recovering all neurovegetative functions. This is not new and has been known about by all dentists for a century. Nevertheless, very few ‘completed’ orthodontic treatments meet this requirement. With the current scientific techniques, we do not see the recovery of all neurovegetative functions because we still do not ask the right questions.

Why would neurovegetative functions be the real cause of oral imbalance? Of course, these functions are dependent on the brain. As mentioned earlier, the brain compensates on an ongoing basis. So, if we want to understand, let’s have a look at this brain and more broadly let’s have a look at the human being’s neurological functioning.

Bertrand was 40 years of age and we talked for over an hour during his first consultation. At one point, he cried: ‘I can’t take anymore!’ I could feel his distress, recognizable in all depressive people. ‘My nerves have been sick for too long.’ This remark is recurrent in this kind of pathology.

Here is what Bertrand wrote after one year of treatment:

*It has been nearly a year since I started using this jaw [he is referring to the activator] twice a day; it is clear that it gives me a sense of well-being. I don’t know why but the result is there.*

*Let’s go back a little, to when I came for my consultation. I was very sceptical about the effects of this piece of rubber. I was in a pathetic state: depressed, with obsessive disorders, cervical pain, ringing in the ears. I was fleeing from my house as soon as the weekend came. From one doctor to another, from tranquilizers to antidepressants, I was looking for the cause of my condition. I was persuaded that it was physical. Now, when I think about it, I realize I was mistaken…*

Bertrand’s experience made me ask new questions: Why does sadness triumph more often than joy? When does depression start? We could say it is when we are on the brink of suicide or already when, at times, we have negative thoughts, we feel down, blue.

If we analyse human functioning, we can see that most of us live that way, with constant ups and downs. This is considered to be normal. With time, ups can recede and downs become more and more frequent. If the latter become chronic, we sink into depression. France is one of the world’s biggest consumers of antidepressant drugs. Depression has increased exponentially over the last 30 years (E. Zafirian)

In order to understand this state of affairs, let’s look for a moment at that wonder that is the human being.

# 1. Man’s Neurological Function

For nine months, in the mother’s womb, the child uses this short and unique period of time to accomplish intensive work: to multiply the nervous cells by billions, which will connect to one another through synapses. Thanks to these synapses, neurons (or nerve cells) will weave a wonderful ‘electrical wiring’, wandering through the whole body.

At birth, some circuits will be abandoned, others will be activated, and others will be created from scratch. A major part, dormant, serves as a back-up. In an eight-day-old kitten, a neuron receives information through several hundred synapses. One month later, there are approximately 13,000 of them.

A cat, abandoned at a young age, is capable of providing for its own needs. However, a new-born baby has everything, or almost everything, to learn. This will happen through synaptic proliferation which depends on the quantity and especially the quality of the stimulations linked to the child’s perception of her or his environment. But what are these perceptions?

So, there I was with my reflections when, once again, life came to my help in the shape of an encounter with a Brazilian speech therapist, Béatriz Padovan. Initially, she was a teacher. Confronted with cases of difficult children, she realized she was at the frontier between pedagogy and therapy. Later on, she trained in speech therapy at the faculty of São Paulo’s. It was whilst she was also working in Europe that she became aware of the limits of contemporary speech therapy. Refusing to accept these limitations, B. Padovan’s attention was drawn to Rudolf Steiner’s work, and particularly by one of his courses of lectures entitled: ‘Walking-speaking-thinking’. For Steiner:

The evolutionary process of walking prepares the nerve conduction paths of language, which, itself, prepares the development of thinking. These three activities lead to the maturation of man’s nervous system.

The three processes intermingle but there is always a predominance of walking, in the first place, then of speech, and finally of thinking. If there is a deficiency in these stages, it will affect the next stage of development. We can confirm

these words by simple observation, which show that a child acquires the ability to walk between 0 and 1 years old, then speech around 2, and we estimate the child starts to think around 3 years old, when she or he can say ‘I’.

These are activities based in human nature itself, in seed form since birth and which develop and mature thanks to the body’s impulsions. Thus, we know that vertical walking, oral communication and the ability to develop personal thoughts, or the comprehension of thought, differentiate us from animals. Everybody knows the importance of these activities for the human being. But few know there is a relationship and a mutual interdependence between walking, speaking and thinking.

(B. Padovan)

B. Padovan’s work has shown that:

–The cause of the problem in the ‘speaking’ stage is in fact located in the previous stage of ‘walking’.

–For effective therapeutic results to be achieved, the speech therapist (who by definition is focused on the ‘speaking’) must first work on the ‘walking’, according to a protocol highlighted by the American neurosurgeon, Temple Fay.

This researcher travelled through the world to film children from all continents, all civilizations, all races, learning how to walk. He then realized all children, from North to South, East to West, made the same movements: ‘It was as if they reproduced a model, a pattern, to go from the crib’s horizontal position to the walking vertical position.’ He listed these movements in their succession, their continuity, and described a scheme of universal development where each step prepared the following. And then he created a therapy.

Let’s summarize all of his observations:

The child who has just been born, laying in the crib, moves but does not turn

over.

Lying on the stomach, the first position the child uses is ipsilateral. The child spontaneously folds his or her arm and leg on the same side.

When the child wants to change side, the head turns to the side the arms and legs move (sometimes to the left, sometimes to the right).

After a certain period of time, the baby folds the arm opposite to the leg, head looking at the folded arm; it is the crossed or ‘heterolateral’ pattern.

The following stage is rolling; it is the first moving mode.

Then the child starts crawling, first homolaterally, sometimes with the right side, sometimes with the left side.

This phase, repeated for some time, is followed by crossed crawling. At this time, both arms are folded forward and lean alternatively with the opposite foot.

The child raises himself or herself a little and then enters the phase of walking on all fours, on the knees. Progressively, the child lifts her or his knees and gets on all fours on his or her feet.

This phase, called ‘the macaque walk’, lasts for a short or long period of time.

Then, the child starts squatting on her or his feet. The hands are thus freed which become available and therefore can explore a new environment and grasp new objects.

All these stages stimulate the child towards the standing position. For a while the child practises this passage from squatting to standing before daring to take a step forward.

The child’s walk is then called free walking. The arms are lifted up, independent of the legs’ movements.

Around three years old, arms and legs co-ordinate to give the crossed walk. The child moves alternatively right leg and left arm forward, then left leg and right arm forward.

All the movements the child executes, from birth to first step, epitomizes the evolution of the animal species (or phylogenesis). The human being recapitulates all this evolution within approximately one year. Unlike animals, which stay neurologically fixed at their species' level, children go through all this maturation. Each 'walking' stage is linked to the level of neurological development corresponding to the integration of an animal species.

For example: homolateral crawling corresponds to the amphibians and the annular protuberance; crossed crawling to the crocodiles and mesencephalon or midbrain; walking on all fours to the macaque and the archeo-cortex.‡ The crossed walk will stimulate the neocortex which corresponds to our current brain. Thanks to this last stage, refined perception appears in the human being. It is the only being living on Earth that has access to it.

During the 'walking' stage, each position stimulates the nervous system, from the most archaic (the spinal cord) to the most recent one, the neocortex. Neurology confirms that ontogenesis (human evolution) is patterned after phylogenesis. Ipsilateral movements are the most archaic, whereas crossed connections are the most recent. The latter allow access to fine movements, which are the most difficult to recover after neurological injury.

Any movement shapes the stage of maturation needed prior to the next, in order to stimulate the nervous system. For instance, when the child plays with plastic construction toys such as Lego, we think the child succeeds because the child is smart.

Thanks to this newly-gained insight, we can say: the desire, will, perseverance and repetition to make the gesture, nourish and build the child's intelligence.

*— Intelligence lies on the tip of our fingers; it is initiated by the body.*

It is imperative to let the child make mistakes and start again, until the child succeeds. Anticipating the child's gestures and movements lead to unforeseen negative consequences on the child's future development. To help the child get up, walk faster and skip the stage of being on all fours (for example, by using a baby walker) are hindrances to the child's physiological maturation.

Some believe that in order to stimulate a child's intelligence it is necessary to

give the child ‘food’ for the mind (i.e. intellectual exercises). This is an extraordinary misconception. By doing this, we divert the vital strengths of the child’s development aimed at building the child’s physical body. This energy will be placed at the disposal of the child’s intellect, and we will analyse later the negative repercussions of this misplaced energy.

***– It is the gesture that encourages the will and builds up intelligence.***

Everything we smell, listen to, learn, feel – every physical and sensory experience – will have an impact on our brain’s development, and therefore on our mouth balance when our teeth come through.

Human beings grow up and evolve in contact with other human beings. Our sensory organs, which are not fully developed at birth, will ‘mature’ depending on what they perceive. This will last for a lifetime. It is through playing that the child grows on psychomotor, emotional, imaginative, sensory and spiritual levels. ‘We can foresee how serious a child will be at creating its adult life by how seriously he plays.’ (Doctor J. Berron)

We can determine, by this statement, how important it is for a child to be able to do all these movements perfectly, and to fully learn the ‘walking’ stage. This will enable access to more and better sensory perception. However, we can imagine the deficits in neurological development and the compensating systems a child has to set up when some stages have been missed.

# 2. Walking—Speaking—Thinking

Armed with this experience, B. Padovan created a therapy adapted to the concepts about ‘walking—speaking—thinking’. But we may, of course, make the comment that everybody walks, speaks and thinks! So, what do we mean by ‘Walking—Speaking—Thinking’?

## – Walking

Speaking to the child—listening to the child—singing to the child—smelling the child—telling the child stories—caressing the child—looking at the child—touching the child—caressing the child again and again—leaving the child all the space to move, roll, crawl, walk on all fours, all the space to discover the world, the child’s world—seeing the child getting up and falling down, getting up again, hesitating—and one day, seeing the child taking one step forward, in an incredible effort of desire and will—seeing the child falling again, being proud and happy—getting up once more…

*All this emotional environment develops neuro-sensorial stimulations leading to the child getting up one day… and walking!*

Rudolf Steiner says: ‘It’s about getting into balance in the world and walking is only the most visible aspect of a much broader process.’

## – Speaking

The child’s first way to communication is through gesture (miming is one good demonstration). ‘Speech comes from man’s entire motor organization. At the start, when the child learns how to speak, it begins doing it through gestures. The whole body is concerned with speech.’ (Rudolf Steiner)

Driven by an inner need for movement, the child has put in place the whole

process which ends in walking. It is during this period, when the child is able to walk without the help of his or her hands, that the centre of speech appears in the brain, next to the area in the brain which was used to develop hand movement. The appearance of this centre is the consequence of the development of walking. The child will pronounce entire words only when she or he has started to walk. The movement prepares language and maturation of neurovegetative functions.

Language, a specifically human skill, comes from the people around the child, because the child assimilates what she or he hears through mimicking. Language allows structuring of the mind and of the personality. Therefore, it is good to present the mother tongue in all its richness and in all the complexity of its internal structure to the imitating child. In the child's presence, the language should be clear, pronounced properly and without omissions, and the subtleties should be enhanced by using varied and exact words and sentences. An extensive vocabulary allows a better distinction of images. Even if the child does not understand what is said at the time, he or she will memorize it for later. It is important not to use 'baby language' when speaking to a baby.

Language, an expression of the soul (don't we talk about 'the soul' of a person?) uses the entire motor organization; the whole body participates in language.

## – Thinking

Thinking develops with and through language. A more, or less, discriminating language influences the child's subtlety of thinking. Varied, precise and clear language evokes a way of 'thinking' which reflects the language. Thinking becomes logical.

Learning a foreign language makes us penetrate inside the spirit of this language and participate in the subtlety and refinement of thinking.

One of the phases of language development is naming. From there emerge images, a first step towards thinking. By naming beings, objects and situations, images are stored in the memory. In the end, the thinking process begins in the following phase, when these memories are being connected. It is the phase of

creative imagination which means man, by building on the basis of memorized images of thoughts, becomes capable of connecting them and adding new ones. (B. Padovan)

## – Walking—speaking—thinking

–Thinking comes from language which comes from walking.

–The emotional environment, which provides good neuro-sensorial perceptions and results in walking, is essential.

–The entire body participates in ‘walking, speaking and thinking’.

–The body is the instrument used by the soul to express itself during these three stages of development which are specific to human beings.

–A harmonious body enables the balanced expression of ‘walking, speaking and thinking’.

–The balanced mouth is an expression of this harmony.

These six points highlight the need for oral balance and, if necessary, of oral therapies leading to this balance.

Given what has just been outlined, it is interesting to note that disorders to do with speech and thinking find their therapeutic solution in walking, and this solution is used by B. Padovan. She says: ‘If I experience failures, that’s because I want to cure the sick stage, which is to say the “talking” stage, while I need to treat the learning process of walking, which has not been fully integrated.’

Her research has resulted in a therapeutic protocol that she named neurofunctional reorganization:

Neurofunctional reorganization offers firstly a series of exercises which recapitulate the genesis of the first movements leading the child from the horizontal position to the vertical posture. Then, it offers other exercises which recapitulate the development of hands, eyes and neurovegetative functions.

Each exercise comes with a poem the therapist recites in order to treat simultaneously rhythm, audition, imagination and the synchronicity of the movements.

So as to favour a better stimulation of the nervous system, several sessions per week are necessary. (B.Padovan)

*This work using neurovegetative functions in conjunction with the multi-functional activator therapy is of great interest to us.*

Neurofunctional reorganization is a method of neurosensorial development. It enables:

–an improvement of the nervous system's maturation in people with cerebral palsy, and in cases of autism, Down's syndrome, dyslexia, dys-orthographia, stammering, laterality disorders, etc.;

–the stimulation of new neurological pathways in cases of tetraplegia, hemiplegia, aphasia, etc.

'Even if we have suffered from a nerve or muscle injury, this tissue can regenerate thanks to a programme of mental and physical exercises.' (M. Schneider)

But, in comparison with all we have seen, where do these oral functional techniques, and more precisely the activator, stand? The discoveries in neurology in the last fifeteen years allow us today to use the plasticity abilities of the brain. A substance, 'the neurotrophic factor', nourishes the cell like real food. It is produced in the brain, skin, liver and intestine and is also triggered by extensive

and exceptional muscular activity. This ‘food’ stimulates the growth and connexion of different neurons. These neurons, asleep until then, are activated through it. All through our life, nerve cells will die and new connections will be created.

Environmental stimulations give rise to physiological maturation of the nervous system. This is the reason why there are many more synapses in elderly people than in teenagers, and this is why we can remain psychologically active until the end of our life. But then, how come some elderly people are in a highly diminished state on the neurological level, which is contrary to normal functioning? These people would not have been sufficiently stimulated in their childhood and may not have been able to fill this (resource gap) deficiency in their lifetime—but this remains possible, at any age. I will develop this later.

B. Padovan uses peripheral stimulations in her therapy to initiate the participation of this natural function, neuroplasticity. This faculty enables us to take care of all pathologies linked with the central nervous system and to act on the post-injury level without necessarily knowing all the injured paths.

*Stimulating the peripheral paths offers possibilities for the central nervous system to recover. The more we increase the doorways in the periphery of the body, the more we increase our chances to touch the brain. The activator is one tool to help in stimulating these paths.*

# 3. The Multifunctional Activator: The Possibility to Correct Oral and Neurological Functions at any Age

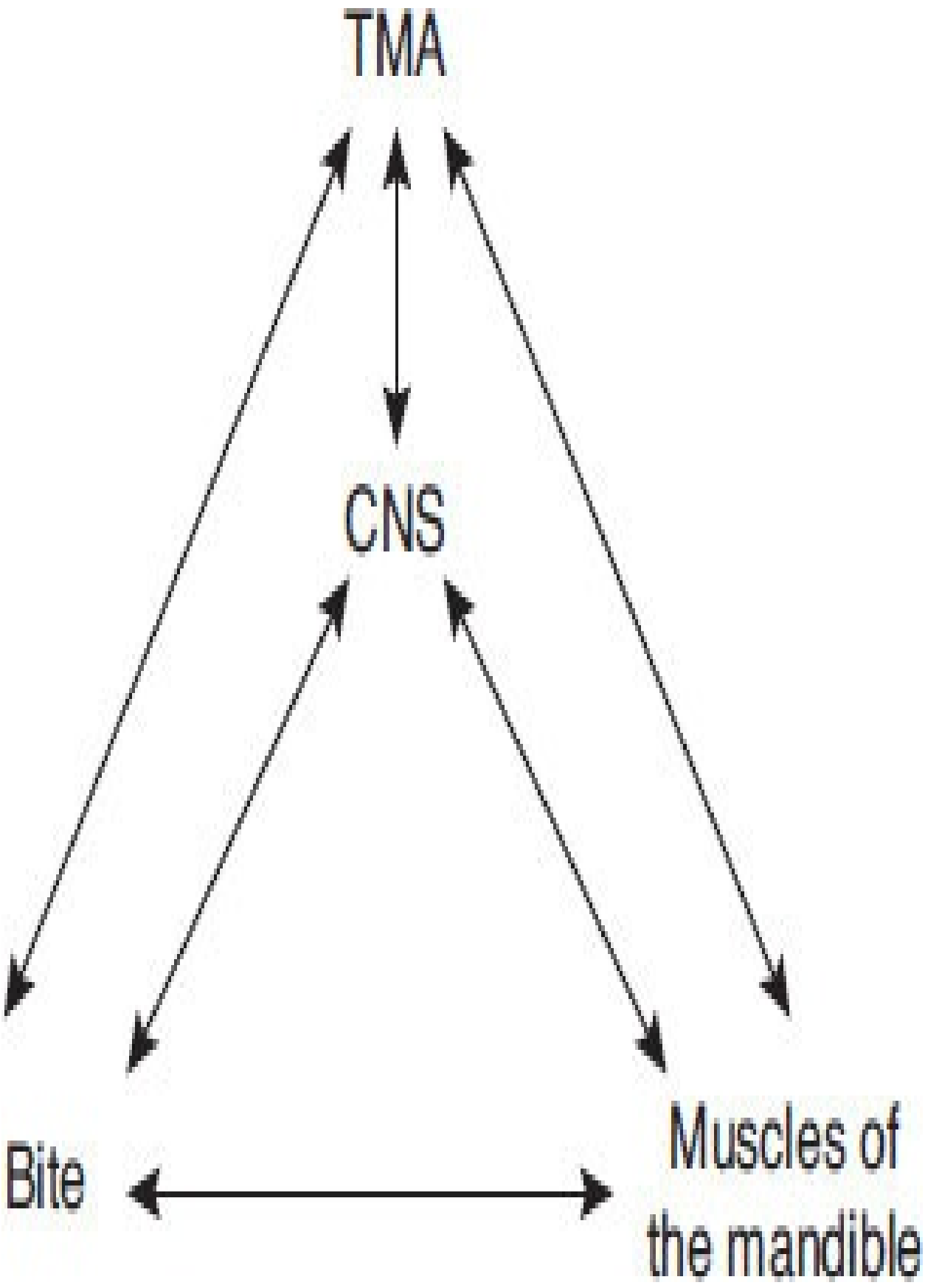
TMA
CNS
Bite
Muscles of
the mandible

*Diagram 1*

*TMA (Temporo-Mandible Articulation): these are the two articulations of the jaw*

*Bite: the way teeth are in contact*

*CNS (Central Nervous System): the brain*

This diagram was given to me by a Brazilian neuroanatomist, Nelson Annonciato, who contributed to Béatriz Padovan's research. What does it show? Whatever area is used—bite, jaw articulations or the mandible muscles (of which there are many)—these are all connected to the brain.

When we stimulate the brain, we are connected to the articulations of the jaw, the bite and the muscles of the mandible. Moreover, we can observe that these three elements are interdependent and maximize their potential. Indeed, an action on dental occlusion (or bite) automatically has an effect on the articulations and the mandible muscles and vice versa. These anatomical structures (articulations, the muscles of the mandible) and dental occlusion are dependent, as we have seen previously, on the neurovegetative functions. We work on the latter with the activator. These are dependent on the correct functioning of the central nervous system which is nourished by the stimulations initiated by the whole body.

When a patient puts an activator in his mouth, he works directly on the articulations, the muscles of the mandible and the occlusion. His muscular activity of chewing for one hour per day sets off the production of the cell's food, the neurotrophic factor, synthesized by the muscle, which stimulates dormant neurons and creates new neurological pathways. This is a new awakening of the body and is in addition to the activator's influence on breathing, swallowing and chewing.

Working with the activator corresponds to what has been described earlier, that

is, the more we multiply the stimulations on the periphery, the more the possibility of neurological recovery in the brain.

We previously quoted Professor Macary's work making the connection between nose breathing and the reduction of the heart's volume. We too have found this to be so.

As a matter of fact, there is a snowball effect: if the heart rate becomes regular, blood circulation and breathing automatically return to normal. The central nucleus of the heart, which directs the operations for increasing and decreasing the heart's movements, has then returned to normal as well. The opposite is also true: if breathing becomes normal, the heart rate regulates itself. All of this occurs beneath the conscious level.

However, by consciously putting the activator in one's mouth an unconscious, positive reaction of the nerve centres occurs. Additionally, the decision to wear the activator opens the way to the concept of willpower. It is a predominant factor for the success of these treatments. The patient is required to be responsible for himself. He becomes his own doctor. It is an authentic self-treatment which should be accompanied, as the dentist must be able to follow the evolution of the therapy and to adapt the treatment according to the results achieved.

Let's resume reading the whole of Bertrand's letter (p. 47):

*'It has been nearly a year since I started using this jaw [he is referring to the activator] twice a day; it is clear that it gives me a sense of well-being. I don't know why but the result is there.*

*Let's go back a little, to when I came for my consultation. I was very sceptical about the effects of this piece of rubber. I was in a pathetic state: depressed, with obsessive disorders, cervical pain, ringing in the ears. I was fleeing from my house as soon as the weekend came. From one doctor to another, from tranquilizers to antidepressants, I was looking for the cause of my condition. I was persuaded it was physical. Now, when I think about it, I realize I was mistaken…*

*I will now try to relate the events which allowed me to get out of that state. The first months of treatment were very difficult. My depressive state persisted for several months with a few very short periods when it felt better (two to three*

*days per month). One doesn't really notice the evolution, but small signs appear gradually: I did not want to run from my house anymore; I slept better; I woke up feeling better. Slowly, I started feeling something was happening: my pains receded; I regained the desire to care for others, to make projects.*

*Month after month, it kept on improving, but it was very hard. More than once, I wanted to quit everything and I realized I was falling back. I wasn't strong enough to go without the mouth piece. Then after six months of using it, everything speeded up. The doors opened one after another. This may seem strange, but it is how I felt. The device was part of my life and I surprised myself not thinking about my troubles anymore. A new joy of living overwhelmed me. I began to feel like my old self again.*

*It has been nearly a year since I began this treatment and I think I need to persevere. Using the mouth piece made me realize that psychology plays a predominant role in all our ailments.*

*I don't know why chewing this piece of rubber allowed me to come out of my depression but I must recognize the evidence: it works! After the fog I was living in dissipated, I am no longer the same person and never will be again.'*

At the beginning of this book, I started with my observations, as a dental surgeon, on the mouth and its dysmorphia. It would be good idea to recapitulate everything we have seen so far.

For a century, contemporary science has observed the systematic connection between these pathologies (dysmorphia) and disturbed neurovegetative functions —functions that are dependent on the correct functioning of the central nervous system. But let's take the rule of the three 'whys' further.

–The brain is also an instrument of the physical body. We can crudely compare it to a central computer. It is extremely sophisticated, but is quite happy just to pass on the information it receives. This information, as everybody knows, comes from our inner mind. So why then would the nervous system be the cause of these oral imbalances?

–The link between physical improvement and wearing the activator has now been made. But another avenue is left to be explored: the one linking this

multifunctional device to psychological healing. Through what processes can a device contribute to mental healing?

These are the questions I will try to answer next.

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* See Glossary.

† See Glossary.

* All these terms in italics are parts of the brain which mark its evolution towards the current human brain.

# Chapter 3

## LINKS BETWEEN THE MOUTH, THE PHYSICAL BODY AND THE PSYCHE

‘There you are, since I saw my father, my canine has come through.’

This patient, a 35-year-old, had met his father for the first time only two weeks earlier. His upper canine teeth had been completely buried in the maxillary bone. Two weeks later, the right canine started coming through. By what miracle did a tooth, stuck for 35 years, appear, on its own, within 15 days?

I had no scientific answer for this case either, but once again I had to acknowledge the evidence. And this was enough for me to decide to try to understand these ‘miracles’.

# *I – Everybody Says it, Everybody Experiences it, Everybody Shouts it… but who Sees it?*

# 1. Everyone Says it

She is ‘breathtakingly’ beautiful. This horror film was ‘blood curdling’.

Two more hours of work ahead of me… ‘I am fed up to the back teeth with it.’

Just the thought of it… ‘I am in a cold sweat.’

‘He rubbed my face in it’ with his big red car.

All the misery in the world ‘breaks my heart’.

All this waste ‘sickens me’.

I was so scared, ‘it made my heart leap’.

I am ‘worried sick’.

We all make—every day—a link between our pleasant or unpleasant emotions and the physical reactions they provoke, even the diseases they may lead to. Who has never been ‘enervated’, on the verge of a ‘nervous breakdown’, on the brink of a ‘heart attack’… in a manner of speaking, of course!

Biologists, through observations and experiences of the animal kingdom, scientifically demonstrate these links and their repercussions on the nervous system. In order to help you understand this better, I will give you two examples.

We place two laboratory rats in front of a labyrinth. Rat number 1 lived in ‘normal’ conditions, whereas rat number 2 had always been kept in a cage, in a dark room. Each rat is placed five times at the entrance of the labyrinth. Rat number 1 will take less and less time to find the exit of the labyrinth whilst rat number 2 will never find it. We can, therefore, conclude the following: rat number 1 has found the exit and memorized the route, while rat number 2 did not even succeed in finding it.

After dissection of these two animals, on the neurological level, we observed that everything was more developed in rat number 1 than in rat number 2, except for the distance between the different neurons, which was shorter in rat number 1. This enabled a faster transfer of information to the nervous system (which transmits signals to different parts of the body). In rat number 2, it was the opposite. In this case we observed an anatomical modification of the pathways used by the nervous system to transmit signals. This means external environmental factors which are unfavourable can influence the size of the nerve cells and the connections between them, and degrade the quality and quantity of the information the cells receive. We have just seen the influence of a negative environment.

On the other hand, let's observe the effects in a natural environment. During the summer, research workers observe two birds. Watching them more closely, they notice only one of the birds sings—it is the male. They study their nervous systems and observe a difference between their nerve cells. The cells of the male are larger, bigger, etc., than the female's, as was the case for rat number 1 previously. They repeat this experience during winter and notice neither bird sings. They observe that the male's nerve cells have become identical to the female's nerve cells. Birds are, indeed, subject to a circa-annual rhythm.

We find this phenomenon in people, but set on a circadian rhythm (a rhythm of around 24 hours). We observe, in this case as well, a modification of the anatomical structures and the physiological functioning of the central nervous system according to the seasons for birds, and according to the hour of the day for the human being. We can imagine extrapolating the examples of the rats and the birds to people and thus gauge the importance of the external environment on our internal functioning.

From birth, we all possess a genetic code. Everything that does not depend on this code is called an epigenetic factor (that is to say, 'beside genetics'). All of the environmental factors are epigenetic. They have the power to change the expression of the genetic code. From conception, the human being's development will be determined by the exterior world. We have already seen this for the development of walking, speech and thinking.

Are dentists' patients not more aware than most of the links between the physical and the psychological? Indeed, they are the ones who 'grind their teeth' during their bad nights, 'clench their jaws' to give themselves courage, or to fight pain.

They often ‘grit their teeth’, have ‘teething problems’ and manage by ‘the skin of their teeth’. Fortunately, there are also those who ‘bite into life’ that is to say, ‘live life to the full’.

## 2. Everyone Experiences it

Joy, envy, fear, anxiety… emotions pace and accompany every moment of our life. We feel our emotions, but we can also recognize them in others. Indeed, each emotion is associated with many physical manifestations. The physical manifestation of emotions is universal.

For example, when we experience fear, what do we feel? The heartbeat accelerates and the mouth becomes dry. At the same time, breathing quickens and intestinal transit (the time it takes for food to travel through the body) changes. Who hasn't experienced diarrhoea or nausea before an exam or a performance (stage fright)?

Imagine this scene which could occur in a theatre, for instance. After the curtain drops, a young woman jumps off her seat, applauds wholeheartedly and leaps up and down, while a little further along a man wakes up with a jolt, gasps and gets up slowly.

It is not necessary to know these people, nor to have attended the scene, to know what they feel. Simultaneously, one is bored, tired, even irritated, while the other radiates joy and feels elated with happiness. It is easy to imagine that the young woman's heartbeat accelerates. Once it has recovered from these emotions, the organ will, of course, calm down. But how does our body, so prompt to change under the pressure of our emotions, react when it is assaulted daily? Can it regain a stable physiological state when thoughts and feelings never calm down? It clearly cannot. When stressed in the long-term, the body becomes distorted and physical problems appear.

Emotions, like thoughts – by nature sometimes inexpressible, immaterial, invisible – lead to expressible, material, visible reactions by means of the brain. The psychological (invisible) and body language (expressible) differ in form but come together through substance.

About 30 years ago, science discovered what it calls neuro-mediators (chemical substances which transmit messages through the nervous system). The nervous system was supposed to function in binary mode, like computers. One substance

had the role of accelerating the nervous impulses and another had the role of slowing them down. It was still a quantitative functioning mode.

However, discoveries over recent years have shown a staggering number of possible combinations, depending on the original signal and receptor sites. This raises the question of quality as well as quantity. Each one of our emotions will induce a ‘cascade’ of chemical substances, which will head towards a specific site, under given conditions and following a rigorous order.

It is not the adrenaline molecule (substance modifying the heart rate) which makes a mother rush into a building in flames to save her child, neither is it the endorphin molecule (substance synthesized by the body to fight pain) which prevents her from feeling the flames. It is love leading her, and her fierce determination energizes her and protects her from pain. Quite simply, these characteristics of her mind have managed to find the chemical path allowing the brain to communicate with the body.

(D. Chopra)

In this way, not only does each of our emotions trigger a chemical substance which will work on a specific site, under given conditions, following a rigorous order, but additionally, these emotions, similar in appearance, will not give the same results on the biological level – and yet this substance is identical according to the chemical analysis, but different ‘target’ points and our different temperaments will change the effects.

Moreover, medication, for instance, will lack the ‘intelligence’ of the same molecule synthesized by the body. There exists, therefore, an intelligence (which eludes us) changing non-matter into matter, or thought into molecule. Let’s see what D. Chopra has to say on this subject:

A neuropeptide (a protide molecule in the brain) originates in contact with a thought, but where does it come from? Fear, and the neuro-chemical agent which materializes it, are in some way linked by a hidden process which leads to the

transformation of non-matter into matter.

Inner-body endorphin and its synthesized homologue will never be equally effective. We all know this, but what do we do about it?

For example, we are at Mr Dupond's house. It is ten o'clock at night. He yawns, rubs his eyes, puts his spectacles down: 'One more coffee and I'll be able to finish this file; it will get me ahead.' At one o'clock in the morning, he dives into his bed, and like every night, sleeps fitfully. His snoring and gnashing of teeth only bother his wife. At half past six, he wakes up with a jolt. Already tired, sitting on his bed before confronting his day, he feels his right cheek and mutters: 'It feels tight; it hurts, but it will pass!'

Day after day, night after night, the pain increases in frequency, becomes persistent. In very low spirits, a month later, he makes an appointment with his dentist. What does he expect from this consultation? He expects the dentist to put an end to this pain which is affecting his concentration and efficiency. Neither Mr Dupond nor his dentist see that the pain is not the cause of the problem but is the symptom. It is the alarm signal saying 'rest', and not merely a hindrance preventing him from working.

The solution would be, clearly, to relax his muscles – but does Mr Dupond know that he has the choice between:

–swallowing a synthetic molecule which will act directly on the muscle fibre and will do its best to blend in with his lifestyle for a certain time;

–or synthesizing the body endorphin himself, which will relieve the pain?

But in order to achieve this, Mr Dupond needs to change his pace! Mr Dupond's stress is the result of a pathological mental state. This invisible state is the result of the whole environment, the whole method of upbringing, of everything Mr Dupond has 'humanized' from the outside since birth and that has shaped the way he functions. The body and its functions are dependent on thoughts and

emotions. This is not a temporary state appearing out of the blue; Mr Dupond is in this state permanently, which will materialize itself within his physical body.

There is no pathology, as minor as it may be, that is not the consequence of an emotional disturbance. We are thus highlighting the fact that the psycho-emotional state is the missing link between external environmental factors and the inner functions of the body. How we react to external environmental factors determines the response of the inner functioning of the body. In the same manner that food needs to be digested to keep us healthy, it is also indispensable to 'digest' the events coming from the outside as well. We said it at the beginning of this book: the barometer of our health is, at every level, our psycho-emotional functioning. But who can work on his psycho-emotional functioning? Who has the choice between processing events or putting up with them? It is the human being himself! We have this possible choice, at all times. We will understand this better in the fifth part of this book.

Let's remember Francis (p. 21) saying: 'I have suffered for a very long time from the unsightly crowding of my teeth.' I described him as a severe and withdrawn character. I then advanced the hypothesis that this state could be the consequence of his unsightly crowding of teeth.

In the light of what has just been said, the hypothesis is no longer correct. Francis' state of being is the cause and not the consequence of the crowding of his teeth. He created his dental disorders as an extension of his psycho-emotional experiences, from the day he was born. Oral disharmonies (like all other ailments) are there to 'wake him up' and to help him 'grow up' (to change for the better). They are indeed his friends, drawing his attention towards the pitfall he is facing—because it is indeed the role of the friends to warn of potential danger. But one must see the pathology from this perspective and listen to one's friends!

And for Sylvain (p. 16), it is the same. He thought he was swallowing his food whole because of the position of his teeth. But for him, too, his psycho-emotional functioning led him to create his own dental configuration.

Let's try to see things more clearly by stating what has been developed up to this point of our presentation:

We started from the observation of oral dysmorphia. Then we observed a systemic organization of vital functions (sucking, swallowing, breathing,

chewing) which depend on the nervous system.

We have, therefore, just seen that the psyche acts on our organs through the nervous system. We can therefore draw this diagram:

*We cannot see the invisible but we can see its manifestations.*

We cannot see the invisible
but we can see its manifestations.

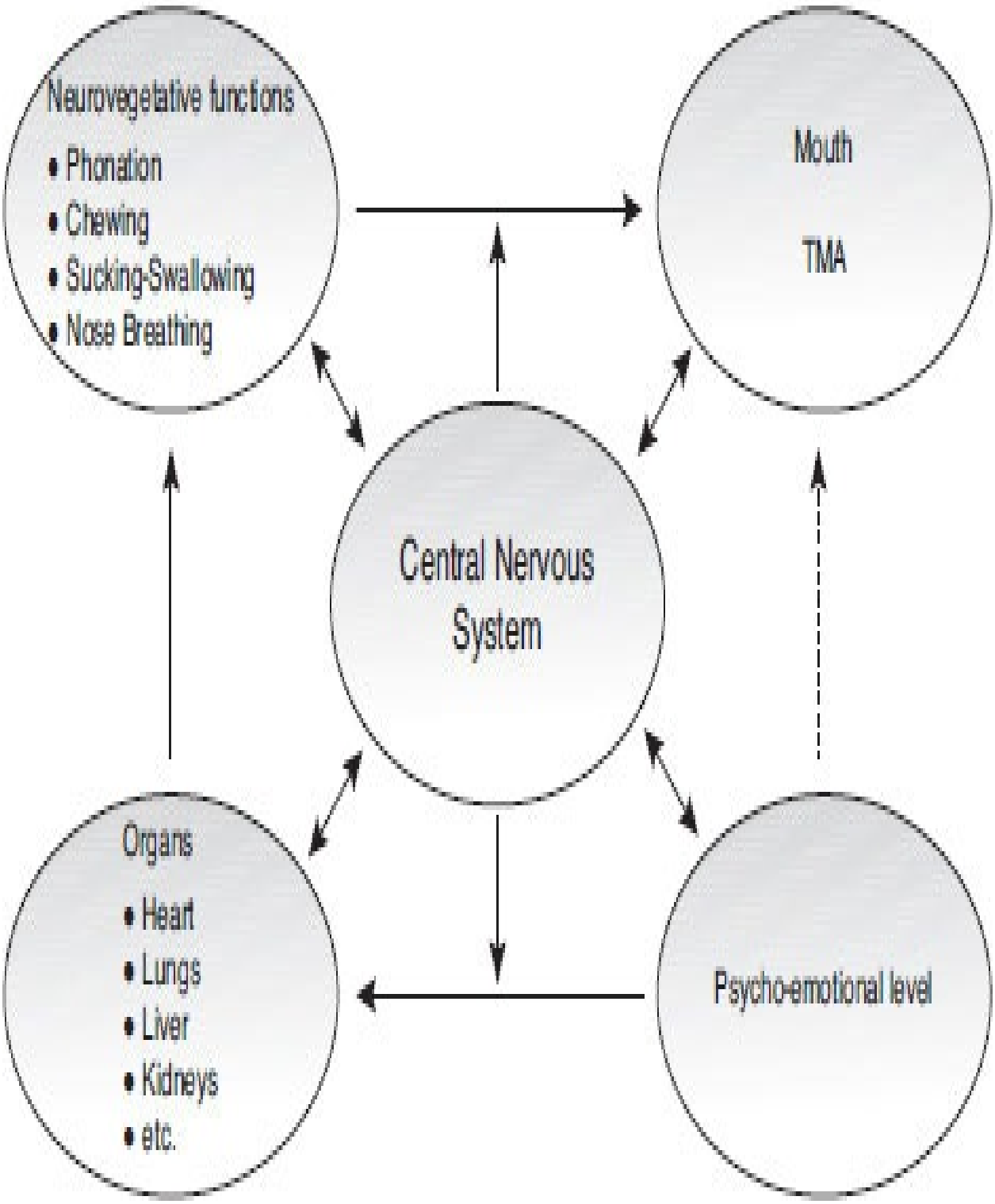

*Diagram 2*

So, how is all this connected to a therapy based on using the activator?

Oral dysmorphia has a direct link with one's psyche through organs and the nervous system. The activator will enable physiological therapies to be initiated. It works on the occlusion, the articulations of the jaw, the muscles of the mandible and on the neurovegetative functions through the nervous system.

The activator makes us stop, slow down our often frantically-paced lifestyle, and adjust our behaviour; we will work on our mind, in action rather than in reaction to life events. Indeed, to make the decision to stop all activity in order to lie down according to a specific protocol is a deliberately chosen action; it is dictated by no one but ourselves; therefore we are then active participants. Obviously, there is no financial benefit nor playfulness in chewing a rubber device. Plainly, this could be a completely useless exercise.

The activator will allow the human being to work directly on his mind and inner organs through self-treatment and also to act on his temperament and consequently on his way of dealing with life.

In the treatment using the activator, each improvement in the mouth creates a better overall sense of well-being. A mouth that corrects itself is only one of the consequences. I usually tell my patients: 'The mouth is the icing on the cake. If it changes it means the person is treating, at the source, his whole physical, organic and psycho-emotional being.'

The relationship between the mouth and the rest of the body, both physically and mentally, then becomes an ongoing exercise for the dentist. The role of the dentist is to make the patient aware of this interdependent relationship.

If you remember, at the beginning of this book, I asked certain patients the following question: 'Are you shocked if I tell you that the only doctor for you is yourself?' I also asked them: 'Are you shocked if I tell you that the mouth is one of the mirrors of the whole physical and psychological body?'

I make the patient aware of the systematic link between teeth and temperament. This interdependence can exist with any other part of the body. If the mouth is a mirror, it is therefore only a consequence. But if the connection with the temperament is omnipresent, this is because the temperament is the cause.

If Claude Bernard said: ‘Function creates the organ’, we can add today: ‘The psycho-emotional state creates the thought, the thought creates the function, which creates the organ.’

# 3. Everybody Shouts it… but who sees it?

To go beyond the appearance of things in order to find their meaning—the simple observation of a visible deviation in the mouth (milk incisors too crowded, for instance, in a three-year-old child)—can be an eye-opener as to the role of symptoms visible from the outside. The mouth becomes a true mirror for the human body, which is accessible like any other organ. It is, however, easier to observe a mouth than a liver or a kidney…

Everything is in everything. There is not one single part of the body, however small that may be, that is not interconnected to the whole body. But we were never taught to 'read' it, nor to imagine it might be possible.

*Dysmorphia is present to alert us to the psycho-emotional state of the individual and about the development of the child.*

The human being will silently scream all his life if nobody pays attention. But how can we 'see' silent screaming? Seeing silent screaming means accepting we cannot see the invisible (the underlining reason for the screaming) but we can detect its manifestation. Seeing silent screaming means looking at a deformed mouth and acknowledging the pain one can read in it.

From childhood, these are aches. If the aches are not dealt with, they will turn into 'words'. People, as adults, will 'shout' their malaise. At this stage, we could hear and see this malaise, but couldn't make the link between the oral malformations and the words expressed (and also expressed as stress, depression, anxiety). But isn't this the case with Mr Dupond, David, Bernard, Sylvain, Francis, Angela and so many others? And yet, it should be easy to see the link because it is a familiar situation, but few of us visualize this connection.

If every thought and emotion create physical reactions in the body, then a psychosomatic state is the norm. Every reaction is psycho-normal and when it recurs too often, it becomes psychosomatic: the body will change physically.

Martin's testimony (55 years old):

*I wore the activator for two months, twenty minutes three times a day, as well as*

*wearing it at night. During this period, I noticed a little dizziness and a sense of being vacant; the disappearance of my haemorrhoid; the disappearance of my palpitations; the disappearance of the knot in my stomach. After these two months an inflammation of the mucous membrane of the mouth appeared. Simply thinking about the device made me swell.*

*

*The body speaks to us all the time, our psyche creates everything.*

Our internal organization and our appearance are the fruit of our lifelong thoughts and feelings generated by epigenetic factors.

The tears of little Claude, from birth till the age of three, were aimed at warning the immediate environment (the parents) of the suffering that was present; they were announcing the coming dysmorphia. The dysmorphia appeared in order to make his parents aware of his problems a second time, his cries being insufficient. Only by working on the dysmorphia did the nightmares stop. But remember Claude's testimony:

'I felt like this was my chance, just as my father had understood it was his as well… I watched my father being transformed and transforming the whole family.'

The work on dysmorphia went hand in hand with his father's psycho-emotional functioning, which had completely changed—a functioning which would lead to a change of behaviour, hence a change in the child's environment.

*The child's environment is paramount and affects the child physically, the affect reflecting exactly the child's psychological experience.*

If the oral pathologies are not enough to arouse the awareness of the parents, the child, then later the adult, will develop new diseases in an attempt to make himself heard again and again. So, Francis' questions (p. 23) remain absolutely relevant: 'Why are there so many malformations? What are they trying to tell us? Why are the overwhelming majority of human beings. . . ?'

If there are so many people affected, this is because humanity is screaming unanimously. It shows its ‘suffering’, and its compensations, to everyone. Everybody screams it. . . but who sees it?

But this general ‘suffering’ has to mean something. It is here to tell us something (the disease has spoken). As long as we will not walk the necessary path to understanding, the ‘suffering’ will continue.

Fortunately, in this world nothing is irreversible. Even in the hardest part (the tooth and its bone) one can change, at any age. Of course, if our malformations and our diseases are the consequence of a disturbed psycho-emotional way of functioning, we need to buckle down in order to change our functioning mode to deal with these pathologies.

Nevertheless, some people, in a terminal phase of cancer, who had been told they had two months to live, write a book or speak to the public ten years later. Today’s science talks about miraculous healing. And yet, there is one common denominator to all these ‘miracles’.

*They all changed their lifestyle. The miracle does not come from the outside, the miracle comes from within oneself.*

As a matter of fact, our body cells change regularly and yet we often hear this expression: ‘One cannot change oneself.’ What a fallacy! People make and unmake themselves every second, from their first breath till their last sigh. It is a perpetual rebirth; the body renews itself constantly. One has all powers within oneself, all possibilities.

In the framework of the mouth, the activator allows us to set up another way of functioning within ourselves. People decide to change their lifestyle and, through ‘chewing’, work into the deepest part of their being.

The human being embodies the four kingdoms (mineral, vegetable, animal and human). We access the oldest kingdom, the mineral, through the tooth, the most mineral organ of the entire body. We can thus appreciate the power of the human spirit that can change even the hardest part, the tooth.

By means of the activator and the entire therapy that comes with it, we offer to the one who had the power to deform himself, the means to reform himself.

*II – The Mouth: Gateway to a Comprehensive Therapy*

# 1. From Why to What for?

Together, we have already come from how? to why?

–How do we solve the problem of lack of space in mouths? Of course, this is important but more importantly, why is there a lack of space?

–How do we treat tooth decay? This too is essential but more importantly why is there tooth decay?

The answer to this why? changes the proposed therapy by addressing the cause, as the therapy is no longer satisfied with silencing the symptom, which is therefore then seen to be a consequence.

–Why just consider the mouth? Decay is a disease like many others; why not generalize to all diseases?

–How does one treat depression? This is also important but the real question is why is there depression, asthma, cancer, AIDS, etc.?

This why? can lead us to what for? For what reason do we develop this or that pathology? This introduces the idea of meaning. Do diseases (or incidents, accidents) have a meaning? I have already outlined this concept in the Introduction. The most ancient medical practices answer in the affirmative. We find this affirmation in more recent literature, and even in current literature. Concerning disease, Edward Bach said, during a conference given in February 1931 in Southport:

[…] it is neither vindictive nor cruel, but it is the means adopted by our own Souls to point out the error of our ways, to prevent us from doing more harm, and to bring us back to that path of Truth and Light from which we should never have strayed.

The disease is, ‘the means adopted by our own Souls’ to help us, and not instigated by some external superior power to punish us. Past and present writings show that disease is actually an attempt at self-healing (initiated by the brain); this includes cancer, for example! The pathology is there to guide us.

The disease speaks to us. If the disease has nothing more to say to us, it is because we have integrated within us what it had to tell us, and we are healed. Otherwise it would keep on ‘talking’ to us until we eventually ‘understand’. Understanding does not mean intellectual awareness.We heal, as we explained at the beginning of this book, in most cases without the intervention of what we call consciousness. Contrary to what is generally presumed, consciousness is not in the mind, but in every cell of our body. True consciousness is visceral; popular terminology uses the phrase ‘gut feeling’ when evoking a feeling of intuition.

Of course, no one has to adopt this theory (even if it is validated by clinical results). But let’s take a researcher’s scientific approach: what if the path shown by Dr E. Bach and so many others before and after him, was right? Why not give it a try?

This is the lead I suggest you follow in order, in a different way, to understand disease, tooth decay (listed as the first worldwide plague by the WHO) as well as other oral pathologies.

# 2. Links Between General Pathologies and the Mouth

Whenever we met, I always asked Professor Planas lots of questions. On more than one occasion, I asked him: ‘You say that the fact of eating on one side creates a whole imbalance that you describe perfectly, but why does one child eat on just one side?’ He answered: ‘Maybe because the other side hurts or because a milk tooth is becoming loose.’

Professor Planas was a clear and precise man (in both intellect and dexterity).Yet in this case he answered ‘maybe’. One day, irritated by this persistent questioning, he said: ‘Why do you bother me with this question? Just search the cause of unilateral chewing yourself. I am too old for it.’

I do not believe I am particularly ‘annoying’, but let’s try to understand this cause of unilateral chewing! Thanks to Professor Planas’ teaching, I learned to diagnose an oral right-sided unilateral function (or left-sided), and ‘hinge’ chewing (everybody who eats fast, swallowing whole)—these diagnoses being followed by a therapy in order to allow the jaws to develop harmoniously (where a child is concerned) or to stop a pathological drift (if it is an adult).

But this teaching did not give me the reason why such and such a person ate on just one side!

Evidently, several arguments have been put forward. I have already listed them above: we no longer chew hard food; breast-feeding; genetics; the evolution of the human race, etc. All of this could have potentially explained the lack of mouth development, but did not give me an answer for unilateral chewing.

By asking Professor Planas this question (left unanswered) I had an idea in mind… At this time, one of my friends went regularly to a centre for young drug addicts. He accompanied a friend, also a doctor, who was the centre’s director. Some patients were HIV-positive (some with full-blown AIDS and under AZT treatment, ‘the’ therapy used at the time).

With the discovery of AFMP* and the observations made in the centre – I will talk about these later – an extraordinary path of research opened up, way beyond the mouth itself. This chapter that I could have entitled ‘In the interest of

AFMP', will allow us to discover an exceptional method for diagnosis and especially for the treatment of different pathologies. I will reveal here the connections we have made and which have been confirmed.

As we have repeatedly noted, we know that harmonizing the mouth has a positive influence on the patient as a whole, by the way we constantly observe a decrease (even a disappearance, for less severe pathologies) of symptoms reported by patients at the beginning of their treatment.

However, we do not say the activator cures anything. The activator is, in fact, just an extremely effective tool to prompt physical movement and, as we have seen, a psychological change in the patient. It is the patients' response to this prompting that reacts to their symptoms.

*The patient is, therefore, the only one 'responsible' for his or her potential healing.*

**– Oral Balance, Back and Articulations**

We all know the scale of the ‘back pain’ phenomenon. We have systematically noted a link between back pathologies, associated or independent joint pain and overbite. As therapies progress, and especially as overbite is corrected, we observe an improvement, then a disappearance, of cervical, back or lumbar pain. As far as lordosis and scoliosis are concerned, we notice a halt in the process of malformation and an inversion of the curvature towards normality.

**– Oral Balance and Headache**

We all know the intensity of headaches and particularly migraines, which are very debilitating for those who suffer from them. The path towards mouth balance leads, in most cases, to a total disappearance of these pathologies, as well as ophthalmic migraines.

**– Oral Balance, Sleep and Sleep Apnoea**

As I mentioned in the case of my son Claude, we observed that children's nightmares stopped (as well as adult's) and that the quality of sleep improved significantly. Falling asleep becomes easier, periods of insomnia recede, and people no longer feel chronic fatigue when they wake up.

I also need to talk about the highly preoccupying issue of snoring and, above all, about sleep apnoea, which can lead to terrible consequences and can cause death. Some people stop breathing for a variable amount of time during their sleep. This is called apnoea and can become dangerous, particularly for people suffering from heart problems. These patients are equipped, at night, with a respiratory system enabling them to oxygenate during each apnoea.

Albert's testimony, 70 years old:

*As I had suffered from quite loud ronchopathy (snoring) for a long time, I finally decided to consult a pulmonologist at the end of 2001. After examination, this doctor noted the existence of a significant sleep apnoea syndrome with relatively long ventilatory breaks of a positional nature. Thereupon, I benefitted from Night Continuous Positive Airway Pressure treatment. This treatment did not last more than one month, as I was not able to tolerate the mask with its disturbing leaks which bothered me when falling asleep and whilst sleeping.*

*Then my son, who is a dentist and who knew all about this pathology and the problems linked to this form of treatment, offered me the chance to try a Multifunctional Activator. Since August 2002 this activator has brought me obvious clinical benefits, particularly concerning my snoring, and has greatly improved the quality of my sleep.*

*At the end of 2002 my doctor offered to control my polygraph [chart of breathing cycle] again with the activator and I noted a significant improvement, particularly where my snoring was concerned. My tolerance seemed correct and the check-up showed a decrease of nearly 50% of nocturnal events.*

*At the end of 2004, I consulted my doctor again for a check-up. The examination result showed I [my breathing cycle] was stable in comparison with previous*

*data. He believed this treatment was a good compromise.*

*As far as I am concerned, I can say that I tolerate the activator really well and I am very satisfied with it. I feel fresher, more active during the day and I don't fall asleep anymore. I would add that my wife was the second person to benefit from my wearing the activator at night!*

We can see, on the drawing below, the apnoea and the resumption of breathing as soon as the apparatus is turned on. On the bottom drawing, we unplugged the respiratory aid and the patient is sleeping with a multifunctional activator. We can observe the absence of sleep apnoea.

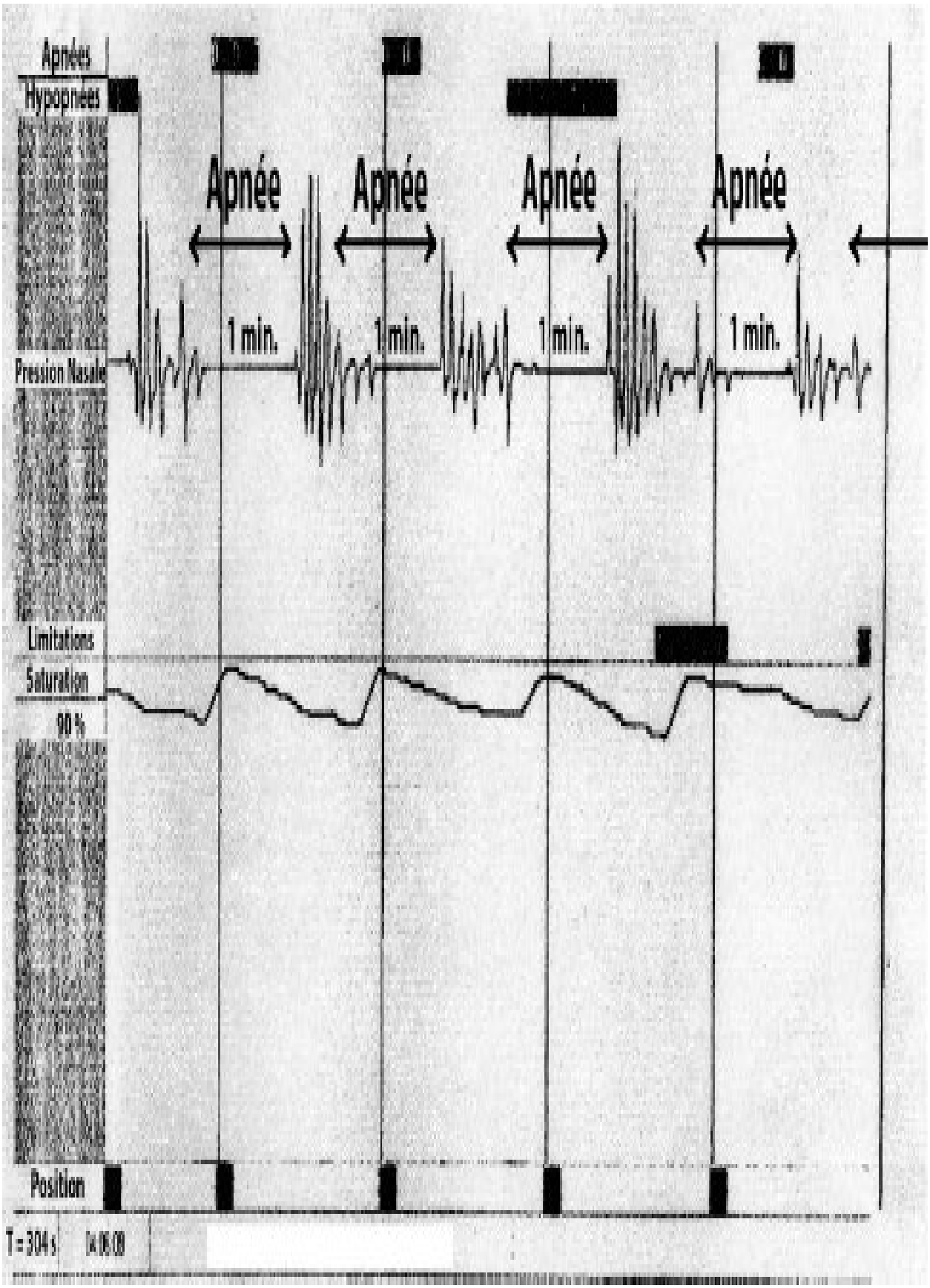
Apnées
Hypopnees
Apnée
Apnée
Apnée
Apnée
1 min.
1 min.
1 min.
1 min.
Pression Nasale
Limitations
Saturation
90 %
Position
T = 304 s

*IMAGE 1 Without Multifunctional Activator*

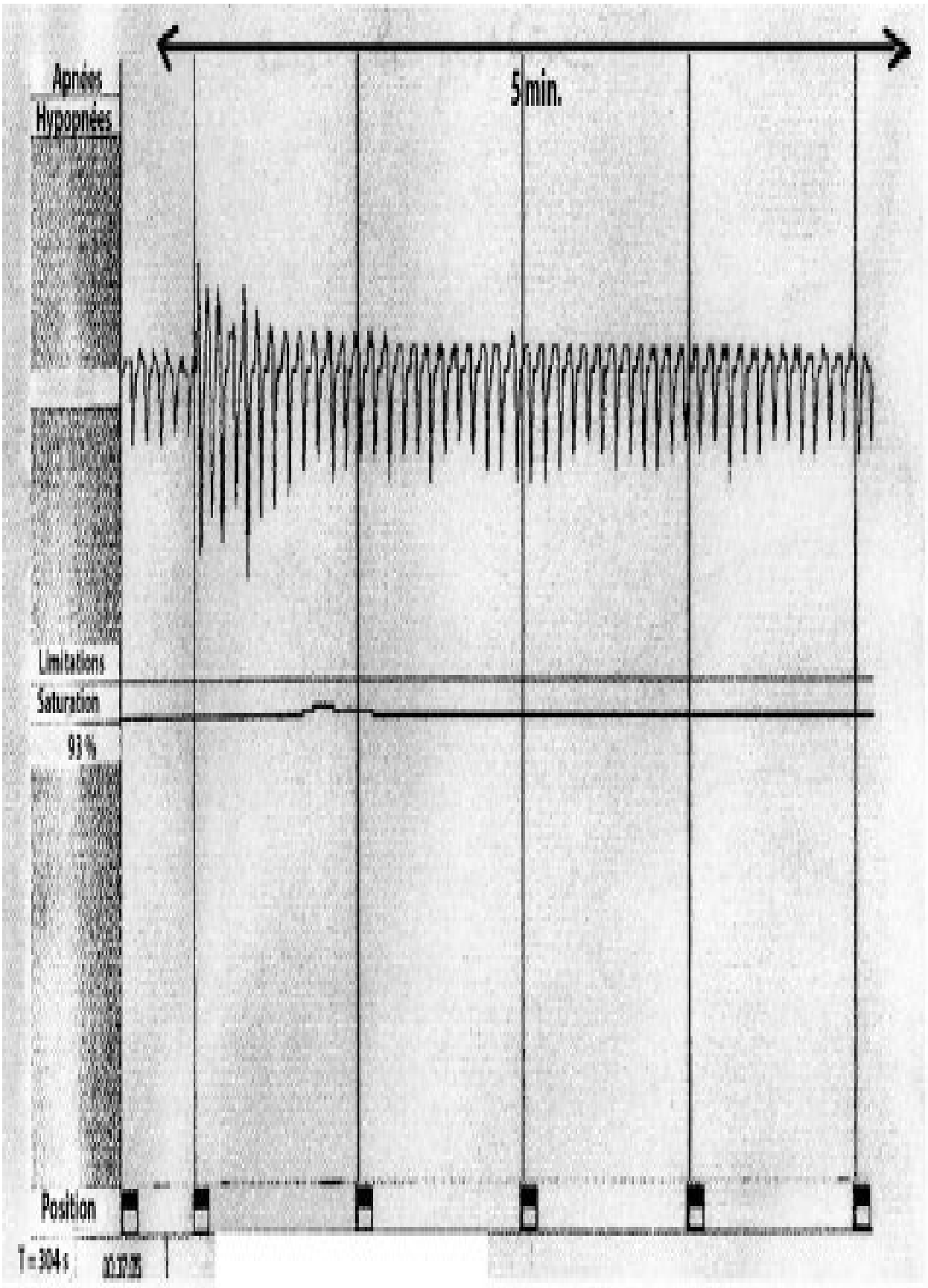
5 min.
Apnées
Hypopnées
Limitations
Saturation
93 %
Position
T = 3h04 s

*IMAGE 2*

*With Multifunctional Activator*

***— Oral Balance and Chronic Fatigue or Fibromyalgia***

Fibromyalgia is one of those diseases that I call ‘catch-all’. No consensus exists on its definition. The only thing we can affirm is that it affects a countless number of people.

It is characterized by a chronic fatigue which can even go unnoticed, as it represents the norm for the person suffering from it. Hence, the patient has never experienced the state of non-fatigue. This fatigue comes with chronic pain which can be located in any part of the body. There are some pertinent comprehensive books dedicated to this subject.

The purpose here is simply to indicate that the symptoms of fibromyalgia disappear when mouth balance is restored.

Studies conducted in electromyography (the electrical activity of the muscles) by Professor J. Eschler in 1961, which have since been confirmed by a Brazilian dentist colleague, show that after a month of wearing the activator the harmony of the chewing muscles and the symmetry of functions are gradually restored. If we accept the idea that pains caused by fibromyalgia can be linked to an asymmetry of function and hence to the imbalance of the working of our muscles, leading to neuromuscular pains, we can comprehend more fully the efficiency of the work accomplished on the whole body with the activator.

**– Oral Balance and Asthma**

We have noticed asthmatics chew on the right side. All our observations confirm this. But clearly, chewing on the right does not automatically result in asthma. To trigger asthma, two factors need to be combined: a destabilizing psychological factor and a predisposition to chew on the right. Each time we succeeded in completing the work of oral equilibration, patients no longer had any asthma crises. But these technical means alone are not enough.

Three essential aspects have to be highlighted:

–the dialogue between the therapist and his patient: the pedagogical discussion;

–the patient's (and the therapist's) growing awareness of what the illness means;

–taking the correct action to promote this awareness.

In 2000, in an article entitled 'Overcoming allergies and asthma, the hundred faces of the enemy, the new treatments', the Nouvel Observateur (a French news magazine) reported that the World Health Organization ranked this allergic disease sixth on the list of worldwide plagues. The article named the 'enemies': dust mites, cats, horses, mice, cockroaches, pollen… even the cypress tree was 'presumed guilty'! Since this study, the number of people with allergies has constantly risen.

As far as we are concerned, after functional equilibration treatment, the observations and clinical results allow us to understand the asthmatic illness in a completely different way. The dentist's job takes on a new dimension.

Dust mites are not the cause of the illness. Neither are they responsible for the deviation of the mandible to the right, because without changing his environment (the dust mites are still there), the patient does not suffer from asthma anymore.

The causes are not external – it is the patient's predisposition. But each one of us must change from within (a concept developed by all types of medicine for

millennia). It is our organic, psychological and physical state (our being) which, through the change in mouth structure, has been modified. These observations lead to a totally new conception of the human being, hence of medicine and scientific research, with vital consequences on the economic, social and political levels.

**– Oral Balance and Eczema**

Here as well, our observations have confirmed previous statements: the people affected by eczema function on the right side of their mouth, and the result of oral equilibration progressively eliminates the acute crises of the illness.We can observe certain types of eczema in left-sided chewers.We will see later that they are not the same pathologies

**– Oral Balance and ENT Illnesses (Throat Infections, Rhinitis, Otitis, Sinusitis, Etc.)**

All children (or adults) suffering from chronic (or occasional) ENT diseases have an occlusal (bite) imbalance. When an illness is virulent, the first thing to do is to extinguish the fire. Medical techniques, by the way, do this perfectly well. Dental work, in parallel with the use of the activator, brings highly interesting therapeutic results. The essential goal is to regain, among others, the function of nose breathing.

We cannot speak about ‘sustainable healing’ without proper nose breathing. I have already mentioned it, but it seems fundamental to me to insist on this when I see the way mouth breathing is trivialized.

**– Oral Balance and ENT and Skin Allergies**

We have, each time, observed the connection between these pathologies and an unbalanced mouth. And each time, after the equilibration treatment, these pathologies decline. As far as allergies are concerned, as for every disease mentioned in this book, the improvement becomes visible within a few months. As oral equilibration progresses, the patient feels better.

We have seen Martin's case (p. 75); he had been wearing the activator for two months without any problem. Then reactions of the oral mucous membrane appeared. I asked him to stop wearing the device and discussed the real causes of the allergy with him. As for any other disease, this does not come from external sources; it is provoked by the person themselves. Because of this allergic reaction, there is a brief inability to access healing. Martin progressively resumed wearing the activator, without any difficulty. Here is his testimony:

*I stopped chewing the device for three months then I progressively took up doing it again for a few minutes every day, and have now reached 30 minutes a day without feeling any inflammation. I will start keeping it in at night again because I have frequent insomnia and a sensation of tiredness when I wake up, which had disappeared during the two months I was sleeping with the activator.*

When tackling an allergy, our therapeutic approach may be different depending on the patient.

**– Oral Balance and Alcoholism**

We have noticed that alcoholism always goes hand in hand with chewing to the right. Dentosophy being a holistic therapy, it allows alcoholics to rebalance their mouths, but also to communicate with their practitioner. It is crucial not only to give time to these patients but also to take the time to listen to them. This is true for the alcoholic patient as well as for all other sick people. Listening becomes our daily practice too.

**– Oral Balance and Tobacco**

What a funny heading, isn't it? And yet our reasoning is simple. Most smokers feel the need to smoke, but speak about it in terms of 'pleasure'! We have observed the imbalance of their mouths. You know now that oral disharmony is the reflection of a deeper malaise. So, what do we suggest? If they so wish, we can help them to resolve this malaise; they can go on smoking just for the 'pleasure', which will undoubtedly change, until maybe they will find they do not need this 'pleasure' anymore.

These words about smokers lead me to a reflection: it is said that tobacco causes lung cancer.Yet, some heavy smokers do not contract the disease. However, we can note some non-smokers get lung cancer. What if tobacco was not the cause of cancer but only a triggering agent of a predisposed condition? What if the cause was, there too, within the person's inner state of being?

This fundamentally changes our whole thinking process; then tobacco is no longer responsible but the real question is, why do we smoke? Or, what do we smoke for? In what way are we functioning that we should feel the need to smoke? If we were to change our lifestyle by changing the way we function we could quit cigarettes, but it is easier to make tobacco responsible; it is so much simpler to always incriminate an exterior cause. This attitude does not require any self-questioning.

In this new light, the solution is no longer to raise the price of a packet of cigarettes, but to become aware of the malaise within the human being. We therefore find ourselves on a path of research diametrically opposed to the one encouraged today. Every time another question arises, a different answer is expected…

**– Oral Balance and Onychophagy**

Why do we bite our nails? We have never encountered ‘zen nail-biters’! All those who have this habit also have an oral imbalance. The equilibration work solves the problem. During the treatment, the patient realizes, one fine day, that six months have passed without devouring his fingernails… he needs to invest in a pair of scissors and a nail file!

**– Oral Balance and Multiple Sclerosis**

Multiple sclerosis systematically goes hand in hand with chewing on the right side of the mouth and also with more severe tooth wear than normal. We have not yet observed healing from this disease (some treatments are ongoing) but we are working on solving these patients' oral imbalance. Oral equilibration treatment accompanies other therapies in the process and alleviates a few of the symptoms caused by the disease (backache, tiredness).

**– Oral Balance and Schizophrenia**

Maurice, 53 years old, is a colleague's patient. When he speaks, his tongue interposes between his teeth. It is a sign of immaturity. He is an experienced man, intellectually mature, but he lives the affective life of a three-year-old child. Such a big gap between appearance and inner reality in just one person is far too much.

He claims: 'I am a schizophrenic' (incapable of making a choice). The French dictionary Petit Larousse defines schizophrenia as '… a divide between a brilliant intellectual life and a disorganization of the emotional life…'.

What is the motive in consulting? He heard about Dentosophy and wants to know if it can 'do something' for him; for his mouth equilibrium, of course, but especially if it can help his schizophrenia. We have never yet treated a schizophrenic patient. Nevertheless, Maurice's case makes us think that there is great possibility of healing, provided that his mouth equilibrates, so that his tongue (oral manifestation of his affective imbalance) regains a more physiological and functional position. But he is still undergoing treatment and, for the moment, we can but observe great improvements.

**– Oral Balance and Depression**

She resembles a child and is accompanied by her mother. The latter tends to speak and answer for her, and yet Agnes is in her thirties when she comes to a friend's consulting room, in order to check her buccal equilibrium. From the start of the consultation, Agnes says she has always been in a depressive state (her mother confirms it) and more precisely a cyclothymic state (alternating between euphoric and depressive phases). In the last years, however, the depressive mood —and the desire to die—have been more regularly and more intensively dominant.

Our observations have shown us that all depressed people with suicidal tendencies chew on the left-side of their mouth. During oral examination, with clenched teeth, she indeed presents all the symptoms of left-sided mastication. In the dynamics of her lateral movements she should function on the left side. Well, she does not; here the AFMP shows us a right-sided functioning. Knowing that physiologically Planas' laws are always sound, it is evident that something has happened!

As a matter of fact, three months before, a dental bridge between the upper canine and the upper left premolar teeth had been fitted. The colleague made this bridge very conscientiously, and notably recreated a nice sharp canine (the left-sided unilateral mastication had caused the wearing down of this canine). She mechanically modified the AFMP and unintentionally initiated a change of the chewing side. The patient was then obliged, neurologically and without realizing it, to function on the right side of her mouth.

Agnes then engenders the intense crises that followed the placement of this bridge (her mother again confirms); her mother thought her daughter was going mad. Without being exactly in the same state as Agnes, many people could recognize themselves in this cyclothymic state. (See also Bertrand's testimony p. 47.)

After turning this critical corner, a significant, obvious change set in on the psychological level (the mother confirms once more). She no longer went through depressive phases and achieved a new balance which she had never experienced before.

The switching to right-sided chewing removes the symptoms related to the left-sided chewing, but it does not lead to healing. She does feel better but she is not yet balanced. The colleague's act, by changing the AFMP (unfortunately done without realizing it), has confirmed once more our hypothesis: by changing the AFMP, thereby modifying oral equilibrium, it creates repercussions on the psychological level.

This presentation of Agnes' case related to depression corroborates the importance of oral balance. What extraordinary collaborative work could be undertaken with specialists!

This observation, made ten years ago, has since been confirmed: patients suffering from this type of depression chew on the left side.

**– Oral Balance and Cancer**

Our observations allow us to establish a link between cancer and chewing on the left side. (Once more—and I can’t stress this enough—the opposite is not true, and all those who chew on the left side do not necessarily have cancer.)

**– Oral Balance and AIDS: Troubling Observations**

Convinced by the holistic nature and uniqueness of the human being, that everything has a meaning and that coincidences do not exist, this friend of mine, who worked in the centre for young drug addicts, searched for elements which would allow us to confirm HIV-positivity in the mouth. He observed damaged teeth, the state of gums, of mucous membranes, dental plaque, etc. This study, conducted on forty-two cases, did not bring up anything in particular concerning the state of teeth which, in most cases, were damaged or highly damaged, as hygiene was not the main concern of these young people.

The study of their masticatory functioning (through AFMP) was more conclusive: forty of the forty-two cases observed had a left-sided unilateral mastication! We stress once more that although forty of the forty-two cases of HIV-positive people observed (among whom some had developed AIDS) had left-sided mastication, this does not mean that people who chew on the left side are HIV-positive!

As far as the other two cases (out of forty-two) are concerned: one was HIV-positive, a drug user and asthmatic, the other was HIV-positive, a drug user and alcoholic. These two young men chewed on the right.

The few cases of seropositivity (blood serum that tests positive for a given pathogen) seen in the dental practice have confirmed the observations made in this centre. A colleague who works in a prison reported the same findings.

The immediate goals we set ourselves were:

–to verify, everywhere it will be possible, if chewing on the left side is indeed found in the majority of patients suffering from AIDS;

–to verify if patients who suffer from AIDS but chew on the right side of their mouth respond well, and to gain results which astonish medicine.

For about 15 years, we have made the same observations over and over again during our training courses, but we have had very little feedback until now. Is this because we see few, or very few, HIV-positive people in our practices? Is it because this idea, which presents an enormous challenge to perceived wisdom and ongoing research (which costs billions of euros), seems quite ridiculous?

And yet… What if this was an area to explore? Treating…! Yes, treating occlusal imbalance! What does it cost to research? Nothing. When can it start? … Now (there is no need to wait for 10 to 15 years for a potential hypothetical vaccine). Who is interested?

Nearly five years ago, we met one of the world's specialists in the research of AIDS. Together we implemented a protocol which validates our observations. To this day, we have not heard from him and still await his instructions!!! Who is disturbed by this?

In order to conclude this part about AIDS, I have to make an aside to talk about Professor Yvette Parès (Medical Doctor, Doctorate in Sciences) who has devoted most of her life to creating, then managing, a hospital of traditional medicine, south of Dakar, Senegal: the Keur Massar Traditional Hospital. She was introduced to Senegalese traditional medicine by highly renowned traditional healers. She still continues her intensive work with her collaborators.

With the benefit of almost 20 years' practice, the results are 'astounding'. Every HIV-positive person who pursued traditional therapies is in great shape and leads a completely autonomous life (see Appendix I).

**– Conclusion on the link between oral balance and pathologies**

We have listed families of diseases corresponding to right-sided mastication, then other families corresponding to left-sided mastication. ‘Right-function’ diseases are part of the sclerosis family (diseases ending in ‘-osis’), that is to say, everything that mineralizes, like cardiovascular pathologies (such as thrombosis), cerebral pathologies (CVA or Cerebral Vascular Accident), arthritic pathologies, and all types of stones. There is a movement of retraction and stiffening in these pathologies.

On the other hand, the ‘left-function’ diseases are inflammatory and create ‘lumps’ of all kinds (polyps, tumours…). We will find cancers, AIDS, ENT diseases… Here, in contrast, there is a movement towards expansion, malformation, excess (bulimia is one example of this).

Those who most often respond best to treatment (and astonish medicine) have an inverse function to the one generally observed for this pathology. In other words, for people with cancer, the ones functioning on their right side will heal more often (as cancer sufferers generally chew on the left). It is the same logic for multiple sclerosis (MS)—we observe a proneness to a right function; therefore people with MS who function on the left side respond best. Some no longer show even the slightest symptom of this illness.

By compensating a ‘right’ pathology with a ‘left’ function and vice versa, patients give themselves a better chance to resist the illness. But functioning on one side or the other means you are not balanced. It is putting oneself on an unstable equilibrium. Symptoms linked to the present disease may disappear and the person may think they are healed, but could however develop another pathology later on, totally different from the first one, corresponding to the new functioning mode.

But then, all those who have been treated for years (through medication and/or psychotherapy) – aren’t they ‘healed’? And yet, their mouths are still unbalanced! Can we really talk about ‘healing’ in that case? Aren’t we just suppressing symptoms when we speak about ‘healing’ while the mouth is still unbalanced?

In Chapter 5, we will bring up the hypotheses and certainties we possess today, in answer to these questions.

## 3. Teeth Cavities and Dental Amalgams (or ‘Fillings’)

**– The Cavity**

We all know the theories about microbial processes, the quality of saliva, sugar, lack of hygiene, fluoride etc… resulting in a lower resistance to tooth decay. Some observations, however, knock a hole in this data. I noted, for instance, in certain patients (and every dentist on earth has done so), the presence of few oral malformations, with only the second upper premolar teeth presenting any decay. The following thoughts thus come to my mind…

–Can you believe these people brushed all their teeth perfectly, whilst paying particular attention to avoid those two teeth?

–Or: Can you believe microbes to be sufficiently intelligent to mount an organized attack on those two specific premolar teeth (no doubt because they didn't like the look of them!)?

In reality, microbes and the absence of hygiene have nothing to do with the deep-rooted cause of tooth decay. Yes of course, this goes against all the teaching I received. But this assertion does not come out of nowhere – just like that – randomly. It is the result of recurring observations which have been puzzling us for over twenty years.

–Most of the Yanomami Natives, in Brazil, have cavity-free mouths, while teeth brushing is patently not their daily activity. On the other hand, what oral equilibrium! …exactly the one Planas advocates. We can see pictures of them in the 2nd edition of his book (see Bibliography).

–I have seen young 17 to 18-year-olds presenting orthodontic problems but with cavity-free teeth, with only the first lower left molar tooth (36) extracted. It turned out that, after multiple treatments over the years, it was no longer possible to save this tooth. There again, how can one imagine germs attacking this tooth

specifically, or these young people eating sugar only on this molar tooth! Moreover, why this tooth rather than another?

It seems obvious that other phenomena are at the heart of the cavity issue. As it is for any other disease, some disturbance in the psycho-affective domain weakens the body's defence system and germs can develop. This decayed tooth enables us to source the original psychological conflict.

The tooth could be considered like a fuse that will blow (the cavity) in the case of a problem. In a house, when a fuse is repeatedly overloaded, the electrician searches for the weak spot in the electrical circuit. The tooth signals, in its own way, the anomaly in the (human) circuit.

In a mouth, a tooth can be treated several times, over the years, then crowned or even extracted (a bridge will be fixed), without the question 'why?' crossing the patient's or the dentist's mind.

We are speaking here about a real 'why?' leading automatically to 'what for?' We know the usual answers: 'Because we notice a lack of calcium… fluoride… hygiene. . .' – and so many other answers of the same type. The dental profession is not yet aware enough of the deep ills expressed by this cavity, even if it would seem that in the profession, over the last few years, a new way of thinking has appeared, advancing in the right direction.

The cavity and all other diseases are the reflection (and the consequence) of an individual's organic and physiological disorder. It is the ideal physiological means for the body to express the problem. Any aetiological therapy aimed at treating the problem should also consist of restoring a balanced mouth. Hence, a cavity in a milk tooth or in a permanent tooth means there is a problem. It is the physiological, biological means that the body (i.e. the tooth) has found in order to express itself (again, we find 'dis-orders'= 'this orders').

And we – what do we do? We fill in the hole. Even though it is a necessary treatment, it is insufficient.

The medical profession knows of the relationship between mouth pathologies and general pathologies. It has been an established fact for ages. Doctors talk about focal infection: an oral infection that can cause pathologies from a

distance. Mezel does not hesitate to say:

Secondary diseases caused by a focal infection are numerous and can be serious, leading to permanent disability, even to death.

But couldn’t we say, conversely, that a pathology in the body could easily provoke oral-dental manifestations?

However, Diagram 2 (p. 64) offers another approach: neither the body nor the mouth are the deep-rooted cause of a pathology, but rather the psycho-affective element. Here are two examples:

–After a severe psychological shock, a person develops multiple sclerosis, with oral and organic manifestations.

–Science has developed cancer-prediction tests (cancer is particularly noticeable in the saliva). One measures salivary calcitonin, secreted by the periodontium. This is a marker of the thyroid gland, and kidney cancer. Calcitonin does not cause cancer but the latter provokes a modification of the periodontium which secretes calcitonin, and this indicates the evolution of the cancer. More precisely, following a psychological shock, there is a thyroid and kidney disruption and modification of the periodontium. There is always a connection between organs and the oral-dental element, as there is always a connection between organs in general, but not a cause-and-effect connection.

*The origin is always psycho-affective and all the rest is just symptoms.*

***– The 'Thorny' Issue of Amalgams (or 'Fillings')***

Discussions about amalgams are interesting, but they have a major disadvantage: we only discuss which products we are going to use to… gag the patients! Of course, it is preferable to do it with a product we trust to be biologically compatible, but it is more important to search for the meaning of the cavity. Why is there a hole in this tooth?

We have gathered two key issues … two schools of thought … concerning amalgams: the first shows the harmfulness of this product; the second, its safety, and concludes 'that no study affirms fillings are toxic'. We offer another approach here.

Changing amalgams sometimes leads to an improvement of the general condition of the person for these two reasons:

–A 'mechanical' reason: by changing amalgams, we change the bite—the means of replacement (composites, inlays or others) require particular attention on the occlusal level; having a balanced occlusion is essential.

–A physiological reason: the problem with the original amalgam lay in the mercury released by the mouth and found everywhere in the body.

The released mercury (see studies conducted on this subject) is not eliminated by the body. As the body does not digest nor assimilate it, a person needs energy to 'encyst' it. In a body already weakened by sickness, the energy necessary to 'encyst' will be inadequate and the mercury will become toxic.

However, an individual in better health will possess the essential resources to absorb this mercury without any consequences. If mercury were solely responsible, all dental amalgam wearers would be ill. It is the same for tobacco, sugar, etc. Once again, we get the different sorts of causes and their consequences mixed up.

So… if every illness has meaning, we are witnessing a true cultural revolution of our current, scientific way of thinking. But in reality, it is not revolutionary at all if we look at ancient literature… Nevertheless, this completely challenges, in today's conception, the notion of healing.

## 4. Clinical Examples

***– Clinical Case No.1***

Juliette is a young 17-year-old girl who came for a consultation and asked for my opinion, saying, ‘I was told I needed to have my wisdom teeth extracted; what do you think?’ She had risen at dawn and travelled two hundred kilometres. Her parents had taken a day off work.

What motivates an adolescent to travel four hundred kilometres in total to get advice on an act considered normal in daily dental practice? What can push some human beings not to take everything they are told ‘as gospel’?

The examination of Juliette’s mouth reveals an insecure, hyper-emotional, cyclothymic, withdrawn young girl and… who breathes through the mouth. She suffers from a huge lack of self-confidence, exacerbated by school results which are average compared to the effort made. In short: ‘she struggles’.

During a first consultation, I see my patients between one and one and a half hours, and I give them a questionnaire to send back to me in the following days. Here is, in substance, some of the information sent by Juliette:

Tiring and painful mastication—Cracking when opening the mouth on the left—Pins and needles in hands, feet—Headaches—Very painful periods—Feels anxious all the time… And she adds: ‘I have big sleeping problems; it takes hours for me to fall asleep (between two to three hours) and when I succeed, I move a lot. Consequently, when I wake up in the morning, I feel tired. All of this comes from stress. However, when I am on holiday, I still feel stressed. Moreover, I suffer from a sweating problem. In summer, I feel even more indisposed than in winter. It’s also very embarrassing when I sweat while it’s cold.’

She decided to start the treatment and gave her testimony two years later:

*I write this letter to express my complete satisfaction with your method. It made me evolve positively and I would even say it improved considerably certain aspects of my personality, as well as some issues I had that I hadn’t found solutions for. I have tried many treatments to address my lack of confidence, my excessive sweating or to alleviate my sleeping problems. However, nothing*

*worked…*

*Like I said before, this method gave me self-confidence to the point that I took my driving test and passed on the first attempt. When I presented myself to the inspector, I was rather sure of myself; I was confident.*

*This device also helped me a lot with my baccalauréat [A-Level equivalent], particularly when I had to take the second series of tests. I obtained this diploma thanks to the confidence I had gained 'by chewing this device'.*

*Before I was introduced to this method, I would blush for no reason and did not dare to say what I was thinking. Today, my problems, which now appear insignificant, are disappearing gradually. It is the same for my perspiration. My doctor was unable to find any way to treat it; now it has lessened; it is not as profuse and troublesome as it was before I started using the mouth piece.*

*My sleeping problems had been comprehensive: I slept but I moved a lot; I was very tired in the morning, and it was difficult to get up. Now, everything is different: I sleep peacefully and I am in great shape when I wake up.*

*Some aspects of my personality have changed too. I am less pessimistic than before. I take things less to heart and, generally, I feel much better about myself.*

*I have not finished my treatment yet, but thanks to this amazing progress, I know that once it's finished, all these flaws, disrupting my blossoming, will give way to positive qualities…*

After this testimony, we noted that the question of wisdom teeth was no longer relevant. Teeth just reveal an exterior symptom, speaking to those who want to listen. Juliette had sensed it.

***– Clinical Case No. 2***

When Alexandre comes to dental practice for the first time, he is a nine-year-old boy, ‘chubby’, very calm (…too calm). We generally say of obese people that they are adorable, that they ‘wear their heart on their sleeves’, and we are less likely to say that they suffer a great deal inside, as some try to hide it behind a misleading outward appearance. But the body never lies and the oral observation will confirm Alexandre’s malaise.

After several years of treatment, Alexandre testified:

*Here is how I appraise my own progression during my treatment. Before starting it, I was obese and, consequently, uncomfortable about myself.*

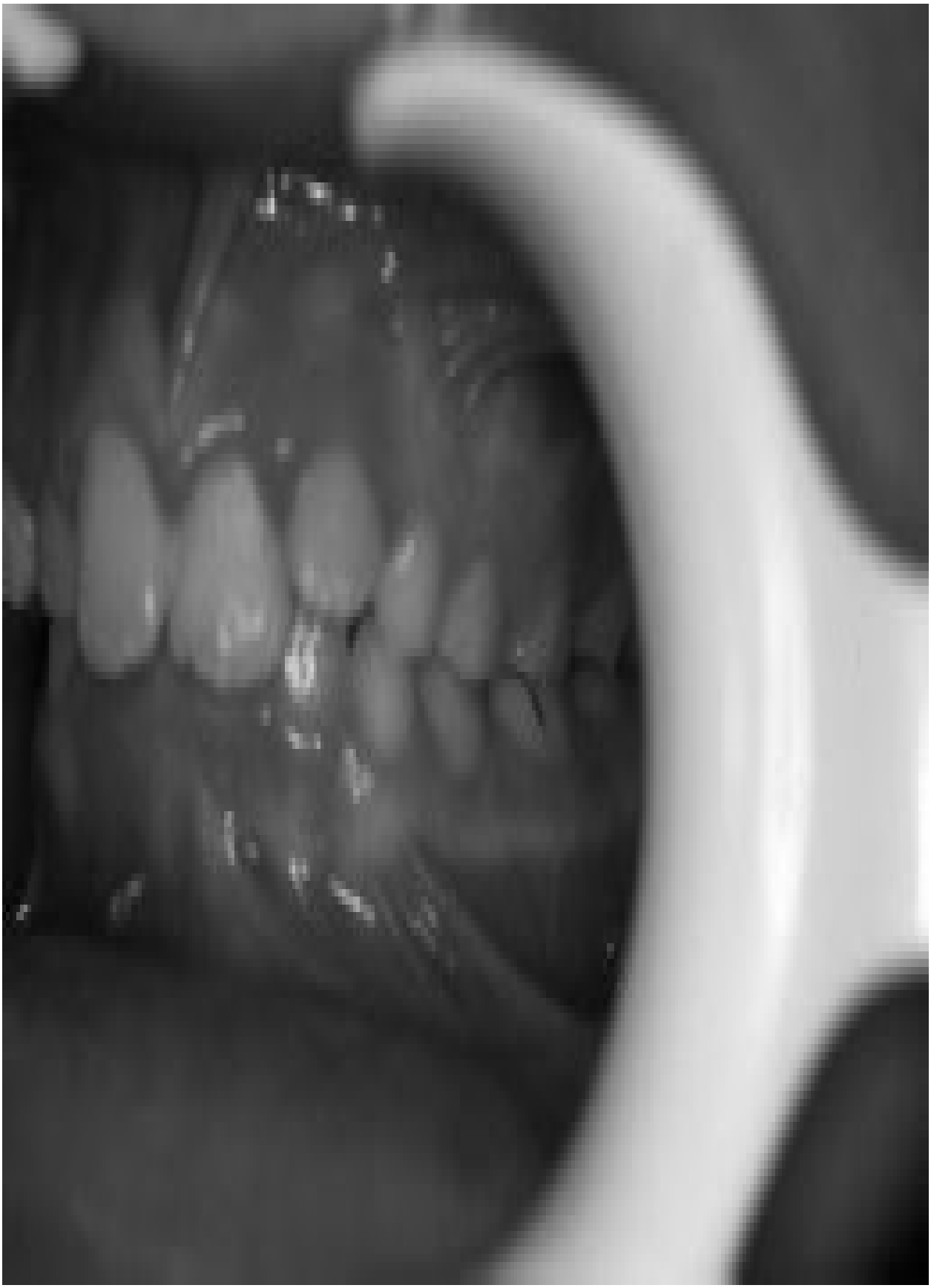

*Photo 35: Before treatment*

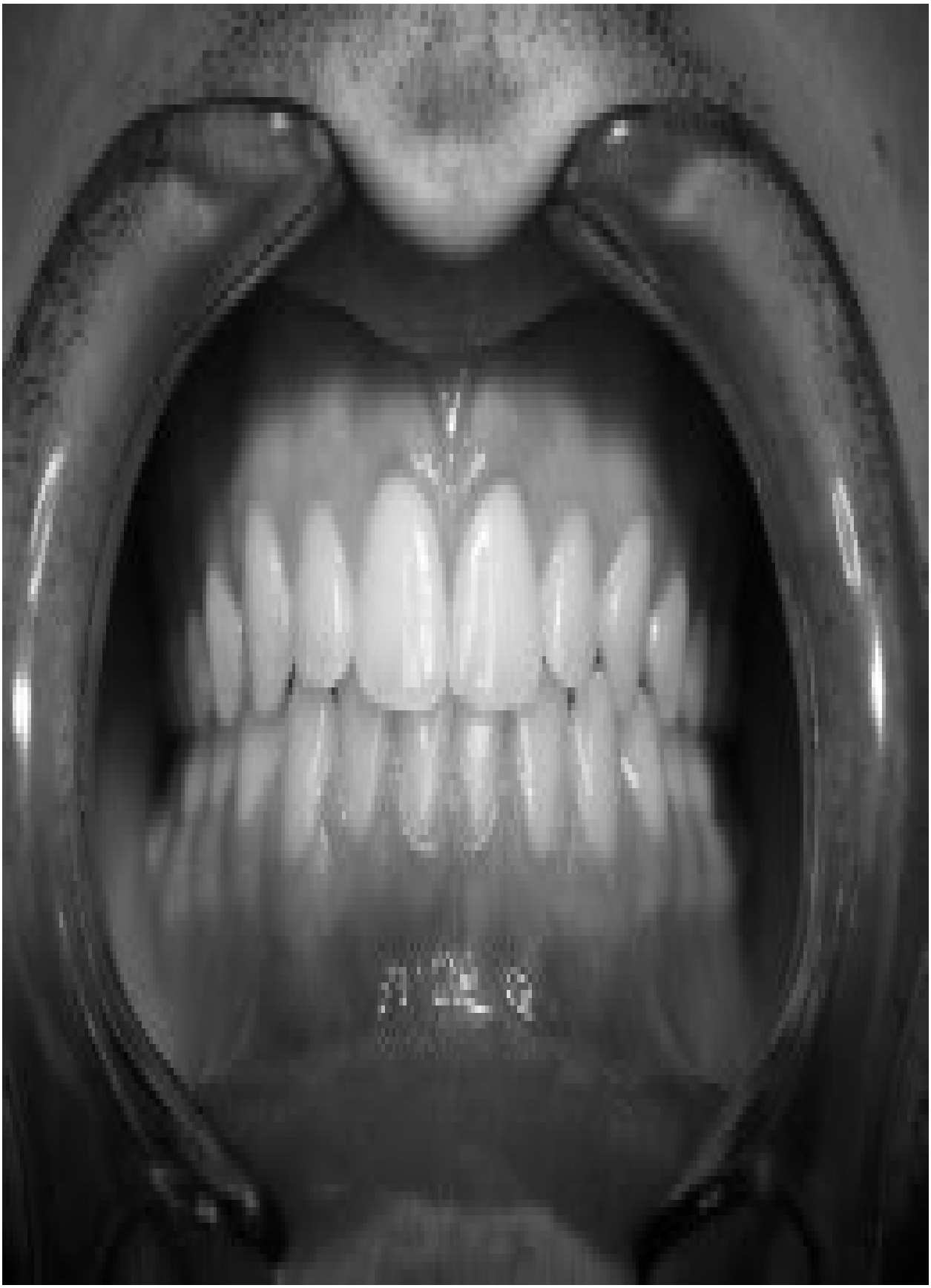

*Photo 36: After treatment*

*I had difficulties communicating with people as I was quite shy and reserved, almost withdrawn. All I could see was my physique. When I began the treatment, my dentition was nothing like what it became; my lower teeth hurt my upper gums.*

*Despite insufficient work with the activator at the beginning, probably because of a lack of understanding of the treatment on my part, I then made an effort and progress has been constant, and not only on the dental level.*

*I lost around 20 kilos without keeping to a rigorous diet. It enabled me to practise many kinds of sports without a handicap. By the way, sports have since become my major area of interest. Liberated from my physique, I became more and more open to others, communicating easily with all types of people.*

After Alexandre's testimony, here is his parents' vision—that they were willing to share with us—of this therapy:

*Alexandre had a poorly implanted dentition, with a considerable overlapping of his upper jaw on his lower jaw (the lower incisor teeth were hurting his gum). In addition to his dental problem, he was obese at the time and was very shy (fear of being alone and facing the unknown). The dentist explained the 'philosophy' of the treatment thoroughly and insisted regularly to Alexandre on the importance of motivation for success.*

*Alexandre has been self-motivated over the handling of the process and we intervened very little. During the first two years, we noticed a very positive development of his dentition on the one hand (readjustment and absence of tooth decay), and of his physical development on the other (a self-imposed change of diet leading to a significant loss of weight; interest in and practising of sports in general) and finally of social behaviour (gaining in confidence, openness towards others).*

*Currently, Alexandre appears to be mature, comfortable with himself, an active and balanced teenager (to the extent of parents' objectivity).*

*This ‘natural’ treatment, which involves the individual’s consciousness, won us over immediately in comparison with a mechanical treatment (extractions, immobilization…).*

**– Case No. 3**

Mathieu's testimony (18 years old, he started the treatment when he was 11):

*Before starting therapy, I was ashamed of my dentition. Some classmates made fun of me. At the time, I found it hard to cope with. Initially, my parents and I contacted an orthodontist, who offered traditional treatments. But, after consulting our family doctor, we chose another form of therapy. At the start, I was drawn by the fact that I could keep all my teeth; I did not have to put up with metal braces anymore.*

*From the beginning, I understood the therapist was there to accompany me; equally, I could stop at any moment. What motivated me was the dialogue with the therapist; I understood it was for me and not for anyone else.*

*I also felt my life improving; I was more aware of what I wanted to do. This helped me in my relationships with others. The most important thing was that I could laugh at myself and I became less sensitive to other people's remarks.*

*Overall, it helped me to orientate my life according to my personal feelings. I also understood that, when I chewed the device, not only did my dentition improve but, at the same time, my whole body changed too (a knee problem improved).*

*I greatly appreciated the discussions, which gave me a boost (I remembered one phrase in particular: '… to have a ball'). Now I want to do that all the time. I could also think about destiny; for example, we do not deal with life… we create occasions.*

*In general, I enjoyed going for a consultation (except when the drill's noise made me grind my teeth, an apprehension I forgot quickly, thanks to the ambience).*

*Today, the result is interesting even though I know my dentition is not perfect and that I still have some way to go. I think this therapy put me on my path and now I just need to 'have a ball'.*

This testimony is very interesting because it shows the suffering of children and all the unspoken things embedded deep inside human beings from birth. Too few children and teenagers, then adults, are capable of expressing their feelings so well, as Mathieu did. We note, however, that it is possible.

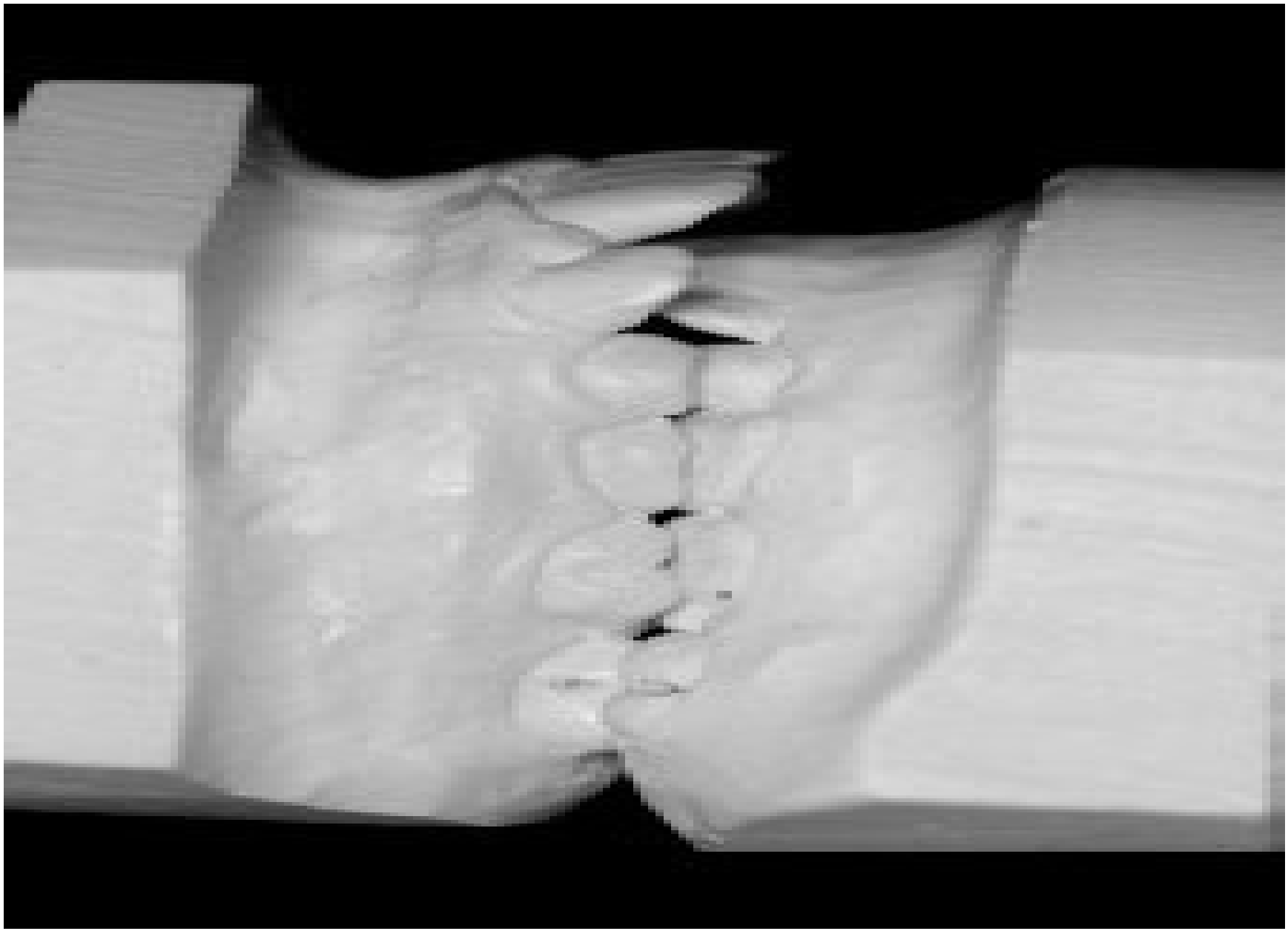

*Photo 37: Before treatment*

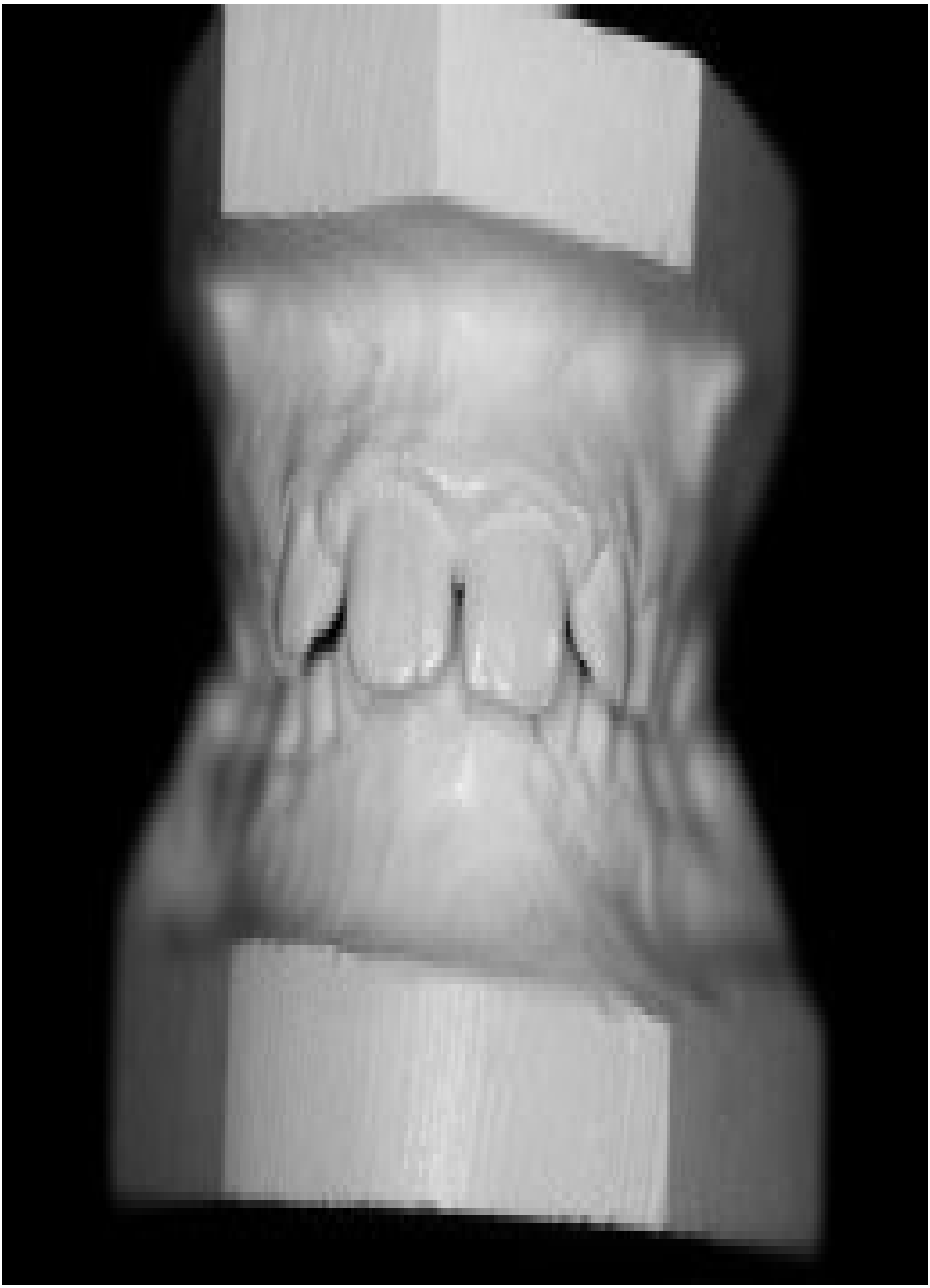

*Photo 38: Before treatment*

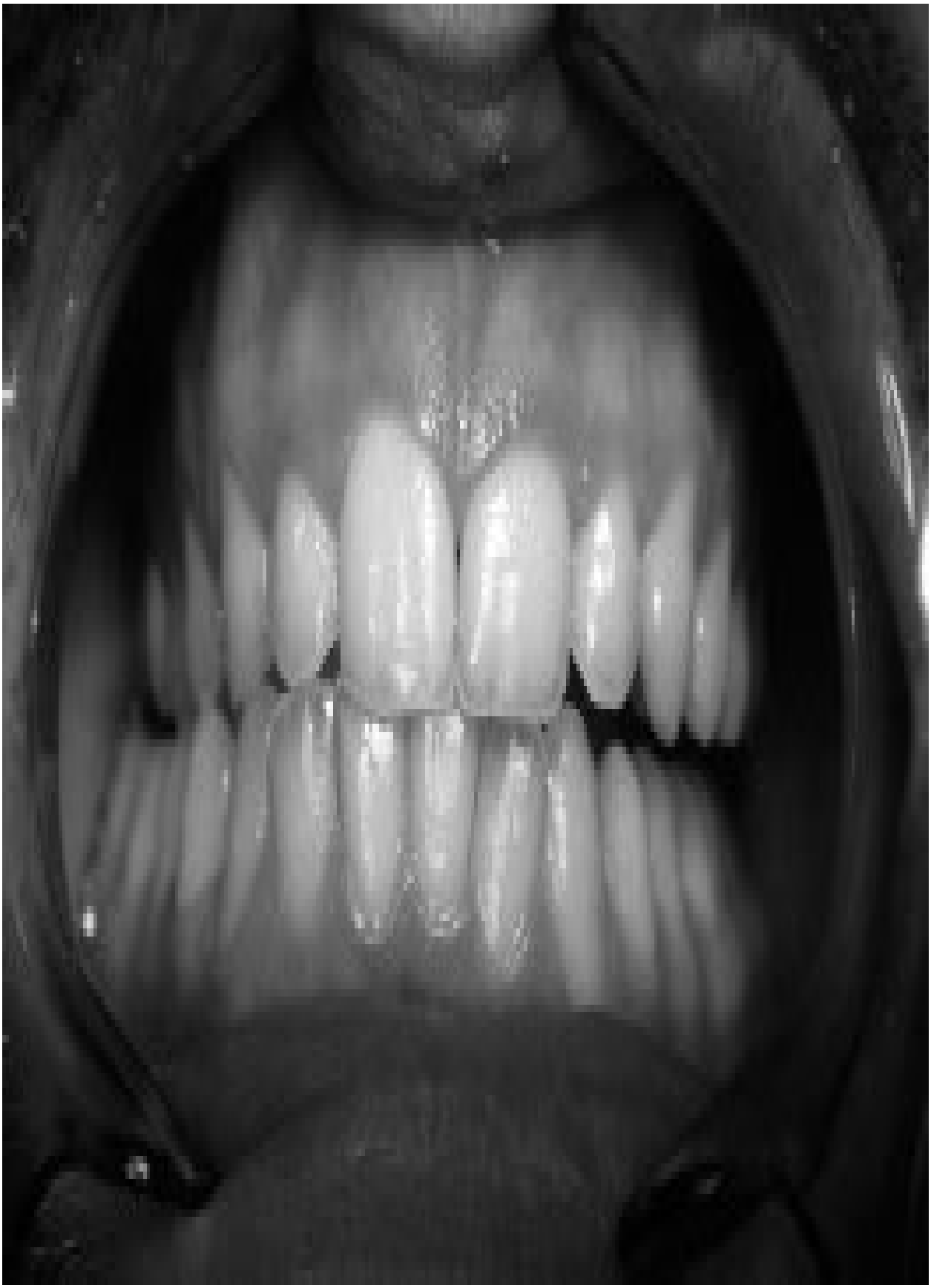

*Photo 39: After treatment*

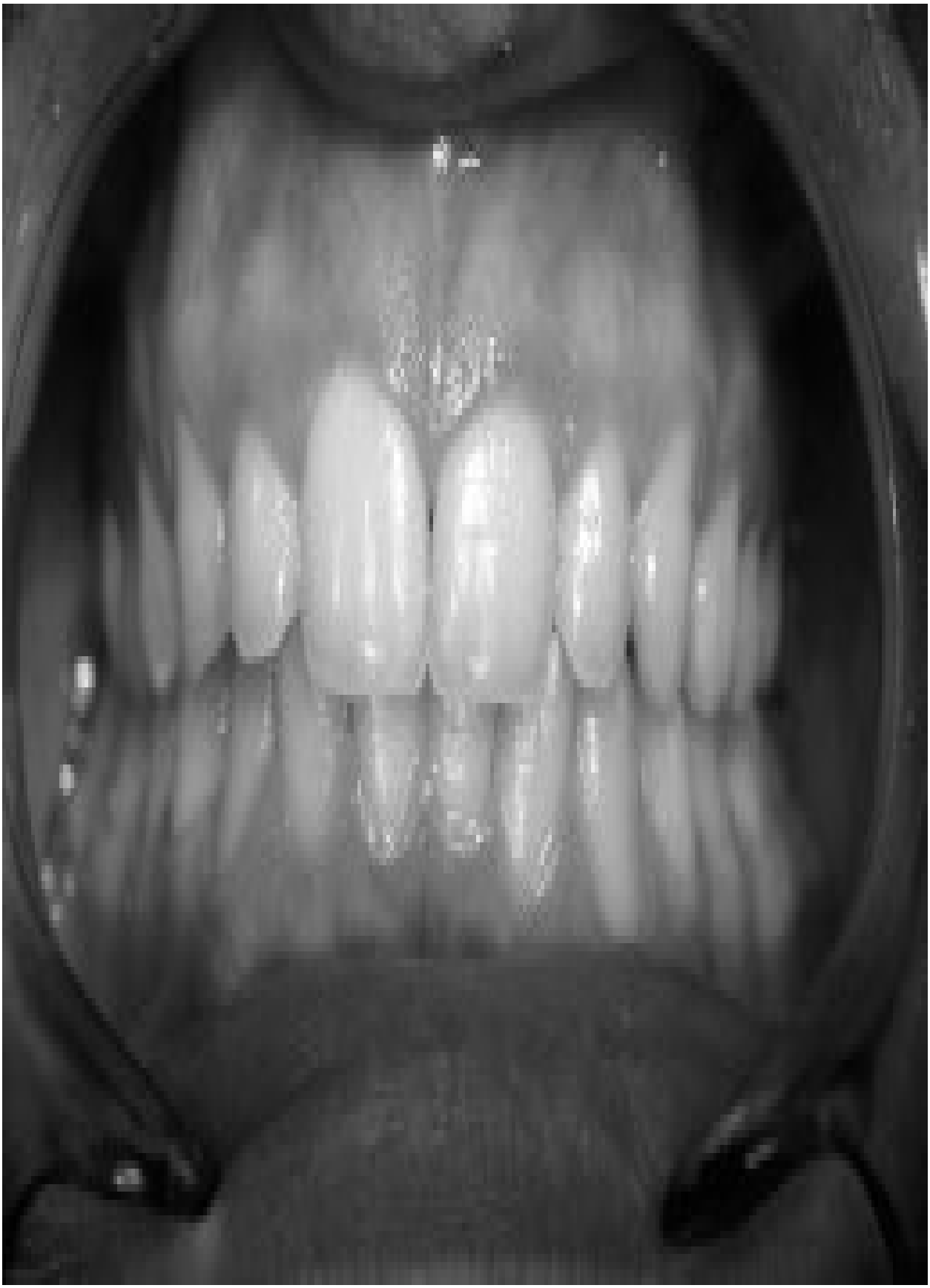

*Photo 40: After treatment*

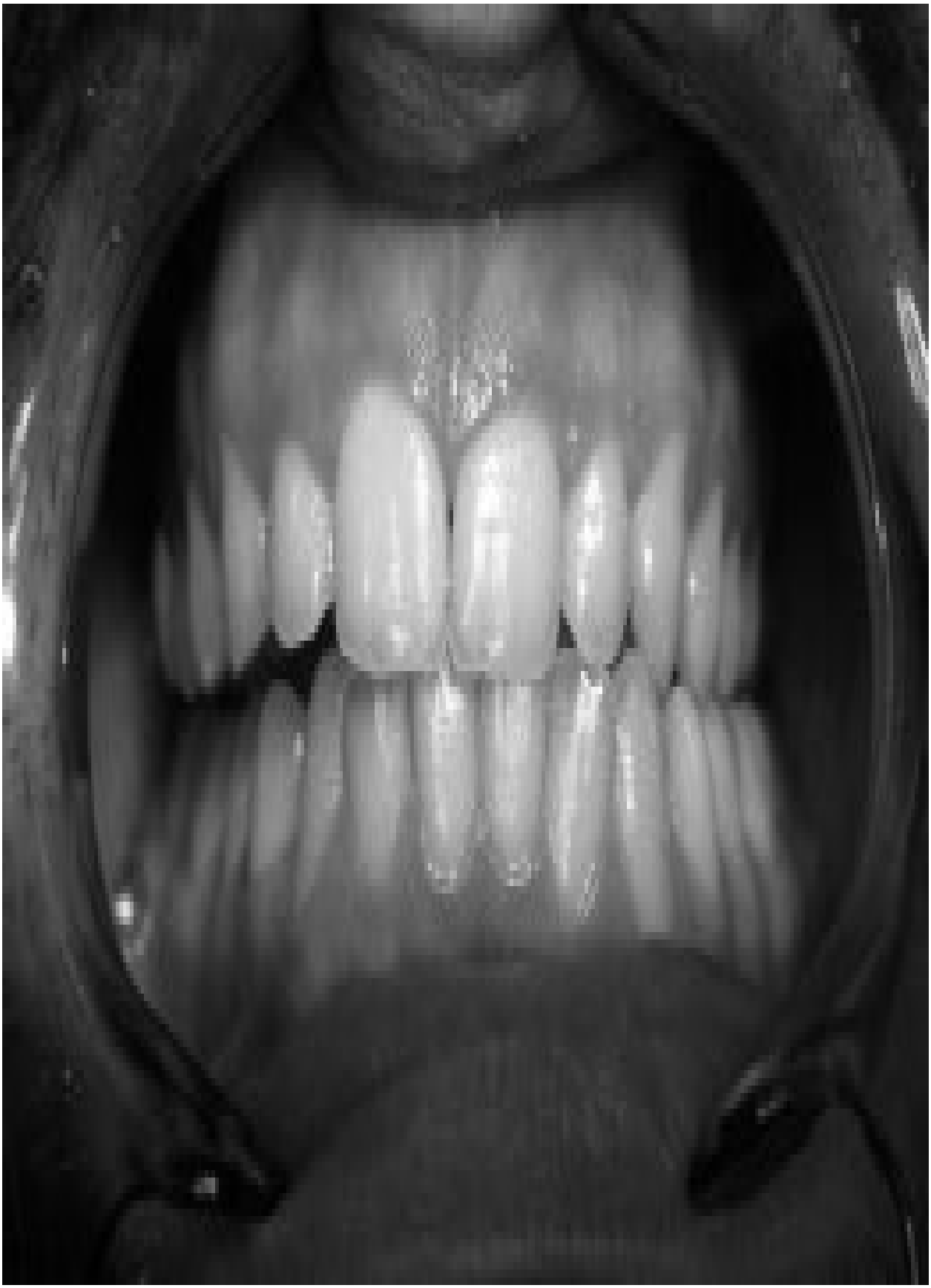

*Photo 41: After treatment*

*Photos 37 and 38 were taken at the beginning of treatment. Photo 40 represents normal closing, at the end of the treatment, while photo 39 shows right laterality, and photo 41 left laterality. We observe natural contact of all teeth on the chewing side during laterality movements.*

Mathieu's parents' testimony:

*Mathieu's therapy. It was immediately clear to everybody that Mathieu needs to be involved in the therapy, otherwise it won't work. Our role as parents was simple: being interested in Mathieu – in what he said and felt about his therapy.*

*What we observed: Mathieu has evolved with his dentition and vice versa. In terms of education, Mathieu struggled until the end of junior high school; he repeated two years. We saw he was unhappy, for instance, when he got bad marks, but did not feel he was motivated to change that.*

*In the last year of junior high school, it was Mathieu himself, with the help of a guidance counsellor, who chose the profession he wanted to follow. He also chose his school. It was from this moment that Mathieu took charge of his training. His appetite for studying became more and more natural; he passed with a fairly good average in both the exams he took.*

*During this time, his teeth 'found their place'. We can only note that his dentition problem resolved itself at the same time as he evolved on a personal level.*

*Giving him the chance to put his mouth in order enabled him to connect with his life, and vice versa. In order to do this, the discussions with his therapist during the treatment sessions were of crucial importance to him.*

I was able to observe that treatment on children is often much more efficient when parents get involved, even if some children can sometimes get out of a

difficult situation by themselves. It varies also according to age.

**– Clinical Case No. 4**

Stéphanie, 13 years old—her testimony:

*Starting this treatment has given me more self-confidence, I express myself more, I say what I really think, but it's not just my character that has changed but also the inside of my body.*

*Since I put this mouthpiece in, I do more things than I would ever have done before, I say things as I feel them, whereas before I did not express my feelings.*

*I do not think that one can describe what one really feels because words would not be enough to tell all that it has done for me, so you need to try this treatment for yourself and then you will see.*

These are the words of a 13-year-old teenager who expresses, in her last sentence, a truth that seems absolute to me. At some point, words are no longer sufficient to give meaning; we then need to do.

Are all the different pathologies we have just seen treated in the same manner? Yes, they are; with a rubber activator as a connecting thread, the crucial component of self-therapy.

If we want to truly understand what is going on, we will have to start asking the real questions and move beyond the first 'why?' that we simply asked until now. We have already instilled the concepts of disease and healing. Let's continue along this path!

# 5. What is Healing?

A few years ago, within a period of six months, something occurred at my practice which I could only describe as a three-act drama:

Act 1 – A young 12-year-old girl comes to my office, along with her brother who is in his twenties. At the end of the consultation, the young man asks for advice about his wisdom teeth, which ‘are starting to hurt him’. After examining his mouth, I explain to him that his wisdom teeth are creating a problem through lack of space. They do not have enough space because his mouth is not balanced. So, I propose the equilibration therapy to him. ‘Yes, yes, that’s interesting, but you know, at my age… if I was my sister’s age. . .’ he answers.

Act 2 - A 73-year-old man comes with a chewing problem due to a set of false teeth ‘made recently and which do not fit properly’. I explain to him, at length, the reasons why he lost his teeth and needed false teeth (unbalanced mouth). The work which needs to be done is to establish oral equilibrium, in which the false teeth, among others, could find their place. What does he think about it? ‘Yes, yes, that’s interesting, but you know, at my age… if I was 30 years younger…’

Act 3 – A 45-year-old lady… (Can you guess what happens next…?) Her jaw articulation hurts, it cracks when she yawns, sometimes even while eating. Diagnosis: the mouth is not in balance. Treatment: equilibrate the mouth. Then follow the explanations about the concept of a ‘balanced mouth’. And the lady answers (you guessed it!): ‘Yes, yes, that’s interesting, but you know, at my age if I was 20’

Change seems to be so difficult. We function with patterns handed down for generations. Changing implies revising some of our beliefs – questioning our education based on a pedagogy taught by people with oral imbalance themselves. These are all the environmental factors which shaped us from birth until our current situation. The mouth is just the reflection of this. If all our mouths are in disharmony, it means our beliefs are not right. It is always the same principle: when the question is right, you can get the right answer.

The opposite is also true. So, we need to reconsider our beliefs. We then realize

that most of the time our mode of functioning is founded on a cause-and-effect relationship, which just answers the first why? We have a tendency, as we have seen, to mix up causes and consequences, but also to not visualize the primary causes. Let's take an example:

–A man is a victim of a severe illness. We say he 'was unlucky…', 'It's destiny…', 'It's a coincidence…'. But what do these words represent? We find they block any other explanation. These responses are supposed to be adequate and to put an end to any vague desire to understand. I called them 'cleaver-words' – words that cut, put an end to the conversation as soon as they are said – because they leave an impression of 'stonewalling'.

The word coincidence does not exist in the ancient Hebraic language. This would suggest that it appeared later. And what if these words—coincidence, destiny, luck, etc.—had been invented by people to avoid having to answer the real whys? What if people had taken the opportunity to invent many other words, so there is no need to ask oneself too many questions?

Let's imagine now that luck or destiny (like coincidence, by the way) don't exist. And let's return to that man, victim of this serious illness. What if the true reason of his sickness was to become aware of why—for what reason – is he ill? The disease would then just be the triggering agent.

This is a hypothesis, of course, one simple hypothesis presenting, nonetheless, something of major interest! Because the way we think becomes different, simply by seeing things from a different angle. As we are facing a new way of thinking (which has not yet become a belief), we call it a hypothesis. Is the hypothesis idiotic, just because we don't necessarily have the answer?

Let's try and have a rigorous, scientific approach, that is to say to never close the door and to always accept the what for? Let's experiment and analyse the hypothesis. If this supposition proves to be correct, what does it imply? Well… a radical change but also disturbing in comparison to our usual certainties. Let's try to overcome them now, and if it still doesn't seem right to us, we will eliminate this way of thinking.

Let’s go back to the example of the man who is severely ill, not by coincidence but because it is time for a wake-up call from the ‘dis-orders’— and let’s repeat this explanatory model ad infinitum for everything that is around us. This would lead us to bring up other hypotheses for all our preconceived ideas, conscientiously learned—hypotheses which would no longer allow us to shut the door with ‘cleaver-words’.

Let us see specifically what it would look like:

–He has the flu because he ‘caught a virus’. And what about all the other clumsy people who did not succeed in catching it? One answers: ‘They are more resistant’!

–Would it depend on my resistance if I possibly caught the virus? But in that case, it is my condition which matters and not the virus! And what if the virus’ activity was purely the result of my body’s weakness (physical, biological, emotional, psychological weakness)? Rather than endeavouring, at all cost, just to ‘kill a virus’, let us strengthen the condition of the individual (we have seen this regarding tobacco).

But these are two diametrically opposed directions, because the virus is no longer the cause of disease, but rather the revealing agent of the body’s weakness; it becomes a consequence. With this in mind, we then need to search in another direction for the real cause of disease. Simply replying to a sick person ‘It’s viral’ is no longer enough.

Does the same apply to AIDS? And why would it be otherwise? We consider it to be too serious a disease to amalgamate with the flu, and so we believe they are not in the same category… The most amazing thing is that we already know all this. When an influenza epidemic appears, not all of us are affected. We know very well that some resist better than others. The same applies to AIDS. Some HIV-positive people never develop the illness…

But what are we still doing today with these facts? We vaccinate! We do not want to see… But why? Maybe out of fear! But fear of what…? Fear of getting better? Perhaps.

Because to get better, we need to change. Yes, change the functioning mode, which has led us to our current state of being and to sickness, which appeared to tell us, once more: ‘dis-order’. If I understand the message, the disorder has nothing left to say and I can heal. It is an awareness gained via the illness.

We have already mentioned those people suffering from terminal cancer who write a book ten years later… These people all had one thing in common: they changed their lives by radically modifying their old way of functioning.

*People hold all the answers to their diseases within themselves but they don’t always know it!*

What are the forces at play that prevent us from seeing the way we function and then from changing? I have no scientific answer to this day. But why does change seem so difficult? Let’s take the example of a person suffering from a nervous breakdown. The people around often try to shake him up by telling him to move, to react, because they feel powerless in the face of such a disabling sickness, and they are afraid of it. Yes, afraid that it will ‘be their turn’ one day and that they will also become powerless.

But the depressed person cannot make an effort. Everybody knows it; he would like to, but cannot. This person is not stupid and is ‘aware’ of his malaise. He sees the state he is in.

We sometimes meet depressed people who do not have any ‘apparent’ reason to suffer so much; everything is going well in their life; they have no outside worries and yet a sense of disorientation inside them is screaming. What pushes them towards this self-destruction? The intellect says one thing, sees the condition, takes on board other people’s remarks, but the body does not follow. With this example, we have indisputable proof of the insufficiency of intellectual understanding.

Let’s now return to this question: ‘Why is it more often sadness (or melancholy) which dominates over joy?’ We can answer: Because we refuse to change. And then the really big question is: ‘But why this refusal?’ The answer to this question, along with the actions it will imply, will make us take a big stride towards the understanding of the human being’s way of functioning.

Let’s return to the mouth. All unbalanced mouths indicate a person’s malaise. The person is not always aware of this so the physical body, our most faithful

friend, creates the disease to wake us up and encourage us to change. This is the whole point of our becoming conscious of the symptoms of a disease, otherwise all this could remain at the unconscious adaptation stage (see Introduction).

But we must understand sickness in that sense, because if we consider it like an attack coming from the outside, it doesn't give us any explanation, and we then use the cleaver-words to reassure us. An unbalanced mouth is also a disease. However, we have not categorized it as such, as it depends on where we draw the line between adaptation and sickness.

*So, what is healing, really?*

Let's consider a mango. How does it arrive on our plate? It is thanks to the market around the corner, to the plane bringing it from the other side of the world, to the people who put it in a crate, to the ones who picked it, to the ones who looked after it, to the ones who planted it… But this planted tree comes from the kernel of a mango, which comes from a tree, which comes from… I'm sure you understand what I am getting at. Obviously, to savour a mango, we don't need to think about all of this!

But when a patient comes for consultation, we must take into account all the data which brought him or her to me on that day, looking for help.

*'I am schizophrenic. My life is hell. And yet I am sure this is not Life.'*

It is true that medical drugs are given to silence the anxieties of these sick people. And psychotherapies attempt to take all this data into account. But how do we really go back to the source? How do we go back as far as the first planted mango kernel? It seems difficult, but is this a good enough reason to avoid this process?

As the mango is the sum of successive trees which brought it to us, and of the imprint left by all those who cared for it, the patient bears the imprint of his life experience, and the experience of the people from his lineage. The result of these two components is called personality. And from the latter ensues one's psycho-emotional functioning. We do not (yet) have the power to access the patient's entire history but we do have the benefit of being able to read the consequences of it, in his mouth.

If an individual's life experience is expressed physically (in his teeth), we cannot

talk about healing as long as his teeth aren't repositioned harmoniously and also physiologically – that is to say, without relapse. How can we talk about healing, a synonym of harmony, while the mouth manifests disharmony?

However, it could be said that, every day, people 'heal' from all sorts of diseases! Then I would simply ask the following question: have we not, in fact, only silenced the symptoms? How can we talk about healing when the signs of the problem remain imprinted in the mouth?

I believe healing is possible only when the patient, through inner awareness, takes repeated action and reclaims his or her life. People then become their own inner doctor and have access to their quest for freedom.

'The best doctor for man is himself, and the doctor is his medicine.' (Paracelsus)

The practical, visible result of this awareness is manifested through the mouth which comes into balance. All patients' testimonies confirm it.

*Sickness is a necessity and healing an obligation. This is the physiological functioning of life. This is normality.*

And all of this should occur beneath the conscious level. Except that when a pathology develops, we constantly have the choice between these two alternatives, to heal ourselves or to keep on suffering. Sickness is no longer a retribution falling from the sky in the form of destiny, misfortune or virus.

So, what is healing?

*Healing is to systematically use one's self-healing processes, either through unconscious adaptation, or through disease which raises awareness of the inner solution and activates one's will and the beginning of change.*

*To be healthy is to possess permanent potential for healing.*

Treating the mouth is a dentist's job! So how do we, as dentists, make our patients aware of this new insight? Harmony is represented by a balanced mouth; the delusion is oral imbalance.

I advise my colleagues, when a person's mouth shouts its imbalance, to observe him carefully; anyone can then read this person's history. It is to raise awareness

about this reading that I will present, in the fourth part, teeth as a ‘universal language’, accessible to everyone.

# 6. Conclusion

Maurice, the patient suffering from deficit schizophrenia (p. 76), asked this question: ‘You say that the mouth, the teeth, are an expression, a reflection of psycho-emotional life, and that through treating oral imbalance the patient gets better. Curing the consequence acts on the cause. Do you think that by balancing my mouth, I will heal my schizophrenia?’

Yes, I know that introducing these clinical cases, which highlight the often spectacular physical and psychological effects of mouth rebalancing, leads to a real intellectual revolution. But this is indeed the case.

It becomes more comprehensible if we come back to Diagram 2 (p. 64). By following the arrows, we move from the psyche (the cause) to the mouth (the consequence). Indeed, by deciding to put a device in our mouth, we strengthen our will and we proclaim: ‘I want to do this for myself.’ We change our way of functioning by accepting to stop what we are doing in order to chew a piece of rubber. Now, in our current way of life, stopping seems very difficult. It will, however, be the beginning of change.

The activator will work directly on all the neurovegetative functions (therefore on certain consequences as well as on the central nervous system), but it will do it by means of our awareness, thus of our psycho-emotional domain (the cause).

We could add an arrow to our diagram linking the psycho-emotional to the mouth, but this arrow is only conceivable if the patient has become aware of this new way of thinking. If this device is just used mechanically, the therapy will peter out very quickly.

There is a second point which is just as crucial: the intimate relationship between causes and consequences.

The oral structure, (consequence) reflects the psycho-emotional state (cause) and the limits of all the resulting functions. But the structure, if nothing is done, will maintain this psycho-emotional state and the failing associated functions. It is a real vicious circle. The psycho-emotional state (cause) creates the structure (consequence), and the structure maintains the psycho-emotional state. This is

why it is necessary to work on both the psycho-emotional state and on oral structure.

In Diagram 2 (p. 64) we could add dotted arrows going in the opposite direction, but there, too, this is only feasible if the patient decides it.

We then find ourselves faced with real accompanied self-therapy— because the dentist's intervention will always be indispensable. We also find ourselves faced with a comprehensive therapy.

The end of Mathieu's parents' testimony (p. 88) already pointed out this dimension of our therapy: 'Giving him [Mathieu] the chance to put his mouth in order enabled him to connect with his life and vice versa. In order to do this, the discussions with his therapist during the treatment sessions were of crucial importance to him.'

Now, let's have a look at Mathieu's testimony, at 27 years old. (I only quote some parts of it.)

*In my daily life I take responsibility for my life; I dare to say Yes or No. I have the feeling I am more in contact with the elements around me: there is what I have in my head and what is present around me. I accept differences of opinion, and of behaviour more easily. […] the action of bringing my ideas to life, of expressing them, of bringing them face to face with reality.*

*I learned to love myself, to know myself. When I fail, I forgive myself much more easily.*

*The periods of blues do not last for so long; I accept them and don't hesitate to talk about them. Words, emotions seem simpler to express.*

*I take care of myself, of my image; I like to dress well, to smell nice. […] I become aware when I walk; I feel my feet; I walk differently. […] I am gaining in self-confidence. […] I am less impressed by people who, for me, are important. I have my own opinion on the subjects of life; I look for my perception of things; often, it is not fixed and evolves with discussions and time. I dare to be myself, to say the words as they come; I am less afraid of displeasing. I am often surprised by the positive effect that comes out of it. I am less attached to my family (distance)… I trust life more (I do what I feel and I leave it to life). I am practical, precise in my actions… I feel more centred and realize more easily*

*when I am mistaken […]*

This testimony confirms the very positive effects of the therapy, over time, and can only stimulate our passion for this way of research.

*Dentosophy is founded on our observations and experiments, conducted since 1982. It highlights systematic correlations between mouth balance and the very clear improvement of both the psychological state and the functioning mode of patients.*

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* ‘Angles Fonctionnels Masticateurs de Planas’ or Planas’s Functional Masticatory Angles: a discovery by Carlos De Salvador-Planas based on an angle made from lines between the lower and upper incisors, ‘which show us how our patients chew’ (https://odf.edpsciences.org).

# Chapter 4

# TEETH READING: A UNIVERSAL LANGUAGE

# *I – Teeth Language Can be Learned*

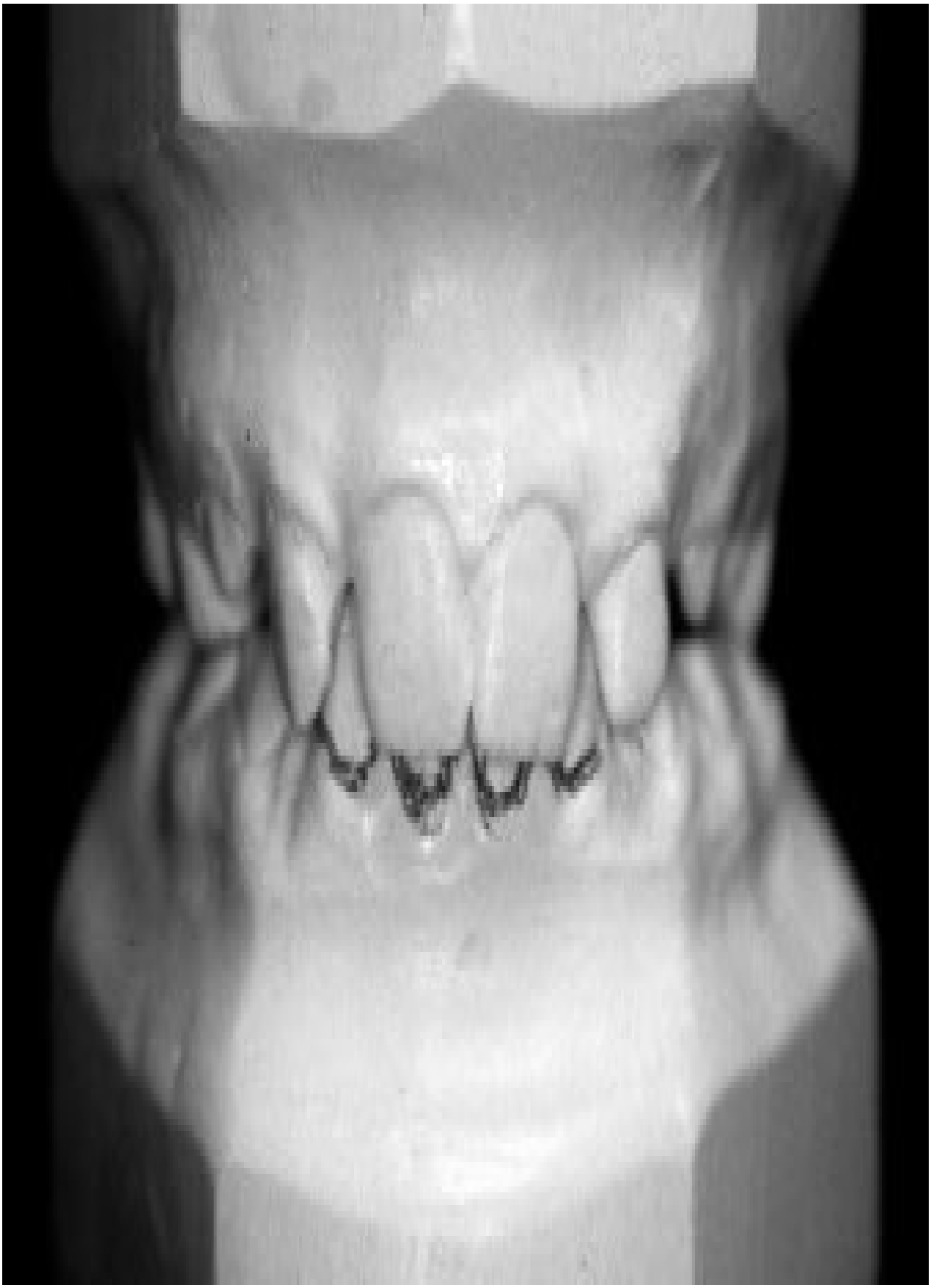

*Photo 1: Before treatmeant*

Looking at the mouth casts of my son, Claude (photo 1) today, I wonder what I could have said about them in 1982. I could, certainly, have said:

– The upper incisor teeth cover the lower ones excessively. This is an overbite.

– There are gaps between the upper lateral incisor teeth. The upper left incisor tooth is a little askew. If I look a little closer, I can assume the canines will stay blocked. This is why, by the way, specialists at the time recommended the extraction of the four premolar teeth to leave space for the canines, considered ‘priority’ teeth.

If I had been more attentive at the time, I could have noticed the highly pronounced wear of the milk teeth for a boy just 9 years old, but I missed it. And even if I had observed it, I would not have drawn any meaningful conclusions.

Fifteen years later, during one of our workshops, this is what a colleague was able to conclude from these same plaster casts and from the dental panoramic x-ray:

This child possesses an enormous inner force, but he bears the burden of the past. This causes an intense brain function which can lead to anxiety. He is a hypersensitive, introverted child, with significant difficulty in expressing himself. He keeps everything bottled up inside and encounters difficulties in adapting himself to his social environment; he suffers a lot from this. Everything he has done until the present time was with the aim to please his father but, really, he wants to move away (subconsciously) from his parent’s expectations. He endures severe discipline at home, which is manifested within as rigidity. This rigidity is also the consequence of the father’s absence. [One can be physically present, next to one’s child, without being with him.]

This child is extremely kind and, to outward appearances, copes with this situation without complaining, but it gnaws at him from within, and what he

cannot express with words is articulated by his problems (nightmares, for instance).

This colleague did not know he was talking about my family and that the father… was me. This was revealed to him later on to prove how judicious his conclusions had been, as he had known Claude for ten years. I must point out that I cannot subtract anything from this description because everything is correct and precise.

These appraisals had been carried out without knowing who the person was. The plaster casts of the mouth were sufficient. These observations highlight the possibility to appraise one mouth in two different ways. These two readings are correct. The first speaks about the physical body, while the second invites us to walk through the psycho-emotional domain.

In this fourth chapter, my aim is to show you to what extent the language of teeth is a universal alphabet – to what extent it enables us to understand a person's psycho-emotional way of functioning.

Learning this alphabet requires two qualities. It is important to learn to stop and to look; to be more attentive to and more respectful of details. There is no need for interpretation – no, '…it seems to me'; no, 'I feel…'; no, 'I have the intuition…', and so on. One just needs to observe the mouth and to listen to what it has to say. This alphabet is within everybody's reach.

But it is not enough. I personally believe that only the therapeutic dimension is essential. This universal alphabet is just a means for diagnosis; one must then use it to 'get under way' and carry out the necessary actions.

The application of this new vision has revolutionized the exercise of our profession. Teeth, considered until now like inert pieces planted in the mouth—there to make patients suffer, and to enable them to eat… or possibly to produce a beautiful smile—have proven to be animated letters, pieces of the wonderful puzzle that is life.

'Inanimate objects, do you have a soul?' (Lamartine)

The purpose of this chapter is not to tackle all the concepts needed to master this

language, as we develop it during our workshops, but to give you an overall view of this precise and reliable guide, and to show you its possible use in accompanying the patient throughout his or her therapy.

Learning to ‘read’ in this way has allowed our colleague to talk about little Claude, simply from observing the plaster casts of his mouth. Like a six-year-old child learning how to read, my colleague took the time to learn this alphabet which enables us to understand the mouth. This does not call for any intellectual performance and can be taught to anyone.

We have drawn correspondences from our observations which are systematically reproducible. It is not useful here to give the exhaustive list of the characteristics of diverse mouths, as it would not give you the unique summation we make for each patient—just as the list of words from a language does not teach us how to understand it.

But nevertheless, for my comments to be clearer, here are a few features which enable us to read a mouth.

To learn this alphabet, certain signs are crucial. Each tooth has a psychological meaning. It is the same for the position of each jaw, and the relation between the jaws. The presence of one or several of these signs suggests the amount of energy the patient will put into his treatment:

–large or narrow jaws;

–square or oval mandible;

–presence or absence of cavities;

–presence or absence of dental prostheses;

–scale of teeth wear;

–position of the teeth individually and in relation to each other;

–presence or absence of ‘impacted teeth’;

–scale of teeth loosening; possible presence of space between the teeth;

–different anomalies of the occlusal plane in the three dimensions of space.

All the phenomena occurring in a mouth combine in a unique way in each patient. The synthesis of this information allows us to grasp precisely the set of problems for each human being. It is the comprehensive vision of the human being’s mouth which triggers the reading, like the meaning of a word becomes obvious without having to go through spelling out the letters again.

In this way, we can figure out precisely what patients express through their dental disorders and ascertain the evolution of the treatment as the mouth comes into balance.

# *II – The Story of Teeth*

Nothing that happens to a tooth is coincidence, whether it be a cavity, a malposition, an absence, an accident, etc. As it is with sickness, everything has a meaning in the mouth, and this brings us back to the question: What for?

Paul, 7 years old, has been undergoing treatment in my practice for a few months. One day, he falls in his school playground and breaks his right upper central incisor tooth. His family and friends say: ‘He was unlucky!’, ‘He is clumsy’, ‘It is a coincidence…’, ‘His friends tripped him…’.

Do any of these explanations bring an answer to Paul’s situation? No! Let’s establish the facts and construct a hypothesis. If it is systematically confirmed, we can state it as a law.

–For what reason did Paul fracture his tooth? What for?

–And why this tooth and not another?

Hypothesis: the fall (or the cavity) are the means used to achieve a goal. Paul fell because it was necessary. As was the case in Claude’s casts, according to one reading, the fall would be the physical cause of Paul’s story, whereas according to another reading, the fall would be the consequence of Paul’s story – that is to say, of his psycho-emotional state. It is a way, among many others, chosen by Paul’s subconscious to express itself.

But Paul has already expressed his suffering for a long while, many times and in different ways. It is because the suffering has never been acknowledged that Paul happens, this time, to break his tooth. He will go on suffering in every possible way until a solution arises. So, again, according to this reading, the fracture of the right upper central incisor tooth is the consequence of a psycho-emotional

conflict within Paul.

Indeed, his relationship with his father is so non-existent emotionally, so troubled, that Paul had no other solution than to break this image of the father within him. Life situations, leading to the fracture of the tooth, are consequences, and by no means causes – even if, at first sight, the only valid reason for the accident seems to be the fall.

But it so happens that Paul's father, who was sensitive to the improvement of his son's state, became interested in the treatment and gradually learned this language. This enabled him to become aware of his son's suffering, but also of his own suffering, which had been a part of him since birth and was being expressed, inter alia, through his mouth. We will find in the father the scars of a deficiency in the affective domain. It is important to repeat that there is neither victim nor guilty person here, only two human beings trying to get out of the deep conflicts they have always carried within them; because people repeat their inner conflicts from generation to generation until these conflicts are one day solved.

The fracture of Paul's tooth therefore becomes a true gift for the whole family as it enables a real awakening and the possibility of changing the functioning mode of the family.

Similarly, Diane, a 21-year-old woman, had an infection in her left upper lateral incisor tooth. This happens frequently; it is common, except that Diane expresses, through this infection, her denial of her own femininity.

Each tooth has a reason for being as well as a deep meaning. For example, the upper right and left central incisor teeth represent, respectively, the masculine and the feminine archetypes – therefore, generally speaking, the father and the mother (presuming they have raised their child). Paul broke the masculine archetype by fracturing his tooth.

The upper right and left lateral incisor teeth correspond to the way the person places herself or himself in relation to the masculine and the feminine archetype. If the upper left lateral incisor tooth comes through way before the upper right lateral incisor tooth, we are in the presence of a child more favourably disposed towards his mother (the feminine) than towards his father (the masculine). If this tooth remains blocked, it means the child is not favourably disposed towards his

mother. If the tooth is inside or outside the arcade, the child will endure or revolt, but is not in harmony with the upbringing offered by the mother.

We can proceed to the reading of all teeth in this manner. This will not be developed here because this subject would require a whole book, given how complex it is. And I am not even sure, for that matter, that it would be beneficial. For, as this touches on the deep-rooted integrity of the human being, at this stage written words are no longer sufficient and another approach, an interactive, verbally argued one, is needed. This is why this learning is done through workshops where dialogue and discussion, which are indispensable, can take place.

But in a nutshell, let's say that in order to learn how to read a mouth, it is not enough only to consider the position of the teeth. The form and malformation of the jaws and all the other indications need to be considered too.

Over time and through our clinical observations, we have been able to highlight oral-dental typologies, associated with specific psycho-physiological profiles. We have classified them in four main universal types that I have named 'the motorways'. Later, we can refine the appraisal of the mouth and move to the 'national roads', 'urban roads' and finally reach the smallest 'paths'. The reading then becomes extremely precise.

The 'motorways':

–The overbite (mouth resembling Francis', photo 20, p. 21) with right function.

–The overbite with left function.

–The open bite (mouth resembling Annie's, photo 25, p. 28) with right function.

–The open bite with left function.

We add all the indications to the appraisals, enabling us to adjust these basic profiles. Moreover, we refine our observations by taking into account whether the patient is male or female. In order to substantiate this, I will present the case

of one of my patients.

When Louise decides to start her own therapy, her children are already undergoing treatment. She is a 42-year-old woman who works as a doctor. During the first consultation I always talk to each patient specifically; I never use the same words. It is therefore impossible for me to talk about a standard consultation. Nevertheless, we can observe general characteristics corresponding to this particular mouth.

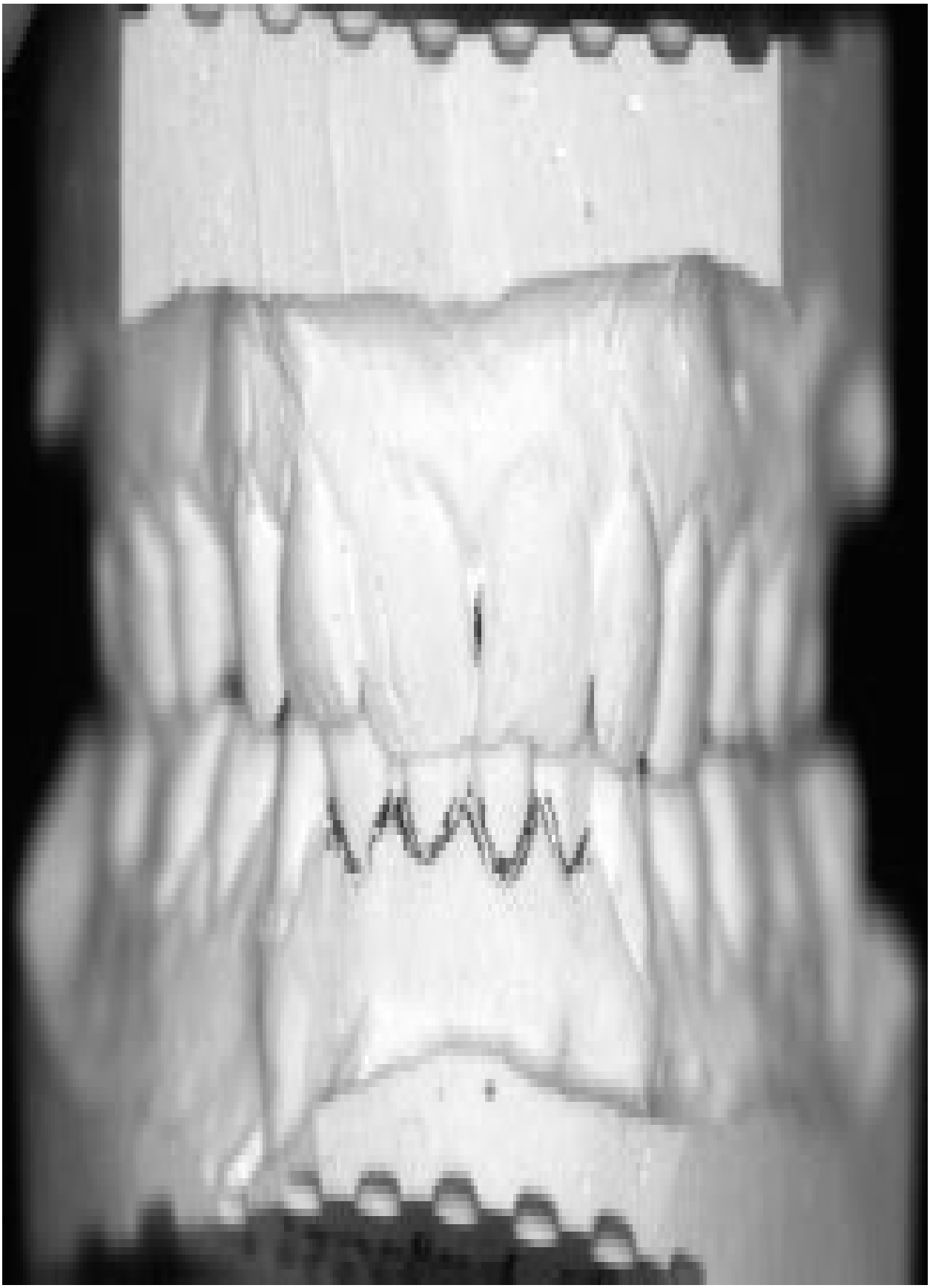

*Photo 42: Before treatment*

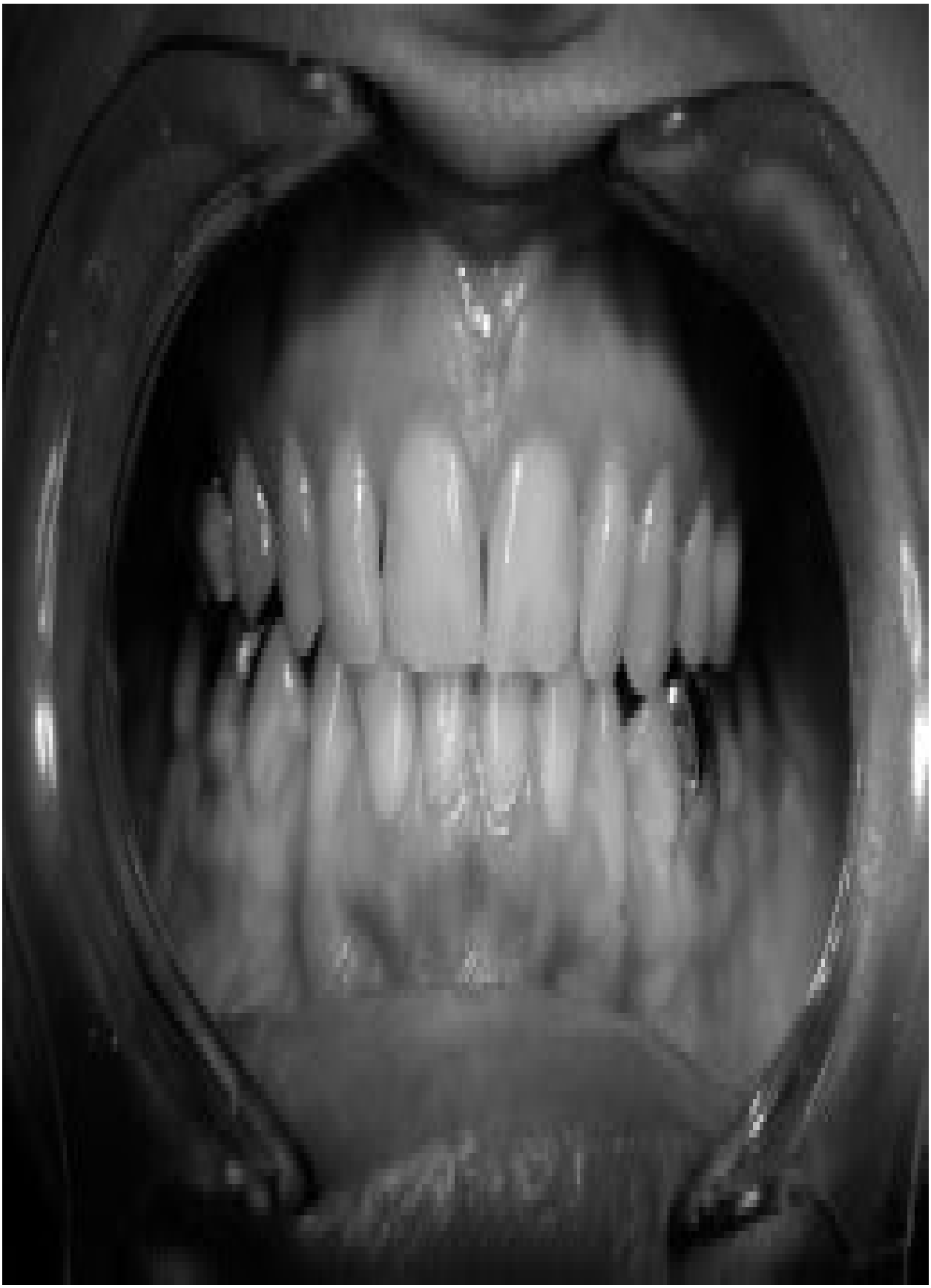

*Photo 43: Three years later*

On the photo (42, above), I outlined with a pencil where the gum meets the tooth, called the neck of the tooth. Measuring the space between this neck and the edge of the upper incisor teeth, it is approximately two millimetres. If we carry out the same exercise on photo 43, we notice an increase of this space. The overbite, there again, ‘unlocks’ itself. The movement doesn’t have to be huge (as for David, photos 14-17, p. 18) for improvements of all kinds to occur.

General characteristics of an overbite in right function:

–Nervous, choleric temperament.

–Introverted: interiorizes his emotions and expresses them with difficulty; goes through extremes.

–Hypersensitive, tortured soul.

–Trustworthy.

–Chronic dissatisfaction.

–Psychological rigidity; stubborn; knows how to defend his ideas; convincing, determined.

–Finds it difficult to accept any different way of thinking or lifestyle from his own.

–Lively, smart thinking, yet cold.

–Anxious; shows a lot of assertiveness but, in reality, lacks confidence.

–Lives for the approval of others, thinks he has to shine.

–Man or woman of duty. Everything has to be perfect; everything has to go as

planned.

–Tendency to obsession, managerial, organized, in a hurry, active, authoritative, intellectual-type, rational.

–Endures his past (overbite); lets himself be devoured by his past and therefore reacts unrealistically in planning for the future.

I indicated in italics what we have called the ‘motorways’, that is to say, the principal characteristics of the overbite in right function. We will now add some specifications to these observations which concern a woman with an overbite and a right function.

–Seeks the father’s attention in the hope of getting a return of love; if there is no return, she searches for financial and material compensation (likewise in partnership).

–Expected to be a boy at birth.

–Seeks to function according to the father’s expectations.

*– Very competent professionally… but lacks self-confidence as she functions to please the masculine.*

–Managerial, can lead a team.

–On the defensive as she is afraid of being deceived.

–Leads, but is dependent as she acts to please men (the father).

–An active woman, out of reach (in appearance).

–Seduced by the intellect and the mind but… has doubts as a woman.

–More mother than wife within the couple.

–Prefers the company of men and has a tendency to choose masculine

professions.

–Dutiful daughter, woman, wife, mother; everything is thought, organized. Notion of sacrifice; tries to be the mother, as one ‘should be’.

–Brings up children but lacks maternal instinct.

–More father than mother with her children (incarnates authority) but in fact is the little girl of the family (capricious nature).

–As a daughter, in conflict with the mother if the mother is in right function; managerial and protective attitude if the mother is in left function.

Both upper lateral incisor teeth being situated in a forward position, is an indication of the strength of inner rebellion against both the masculine and the feminine mode of functioning. It is a clear display, within the mouth, of a refusal to accept the projections of her parents, that is to say, among others, her highly rigid upbringing.

On the other hand, although she was born female she will function in a masculine mode as she wants to be recognized by her father. This leads to ‘tomboy’ behaviour, in opposition to her true nature. She will endure inner tensions and induce recurring cavities (indicators), not wanting this functioning mode and expressing it in her own way.

The cavities, as we have said before, are, like fuses, to avoid ‘cracking up’. If these warnings are not taken on board, the person grows up with his or her misunderstood ‘dis-orders’. It requires more and more pain, or rather, repeated illnesses (dis-orders), in order that one day he or she eventually understands what they are saying.

Later, as a doctor—if we come back to Louise’s case—it becomes even more complicated, because a doctor is not expected to be ill. Everyone expects a doctor to treat them. When as a doctor she suffered from a pathology or from being ill, she would often minimise it, as she was not given the right to be sick – and even less did she know how to understand her sickness.

Louise: ‘It seems to me that I am much less worried than most people I

encounter and I am never anxious.' It is true that routinely encountering other people's diseases allows her to put her own malaise into perspective. This is why being with sick people is the beginning of therapy for any therapist.

As she experiments with chewing on her left side and as her overbite regulates itself, all the characteristics of her overbite, described above, will diminish and progressively vanish to the benefit of her balance.

This is Louise's testimony before her treatment, in which she starts off by describing her son (photo 44):

*…withdrawn, very worried child (cries in the morning if he is afraid of a difficulty at school), doesn't always express his worries which can manifest through diseases (fever). He asks himself 'metaphysical' questions like: What is the point of living? He observes people before making contact with them.*

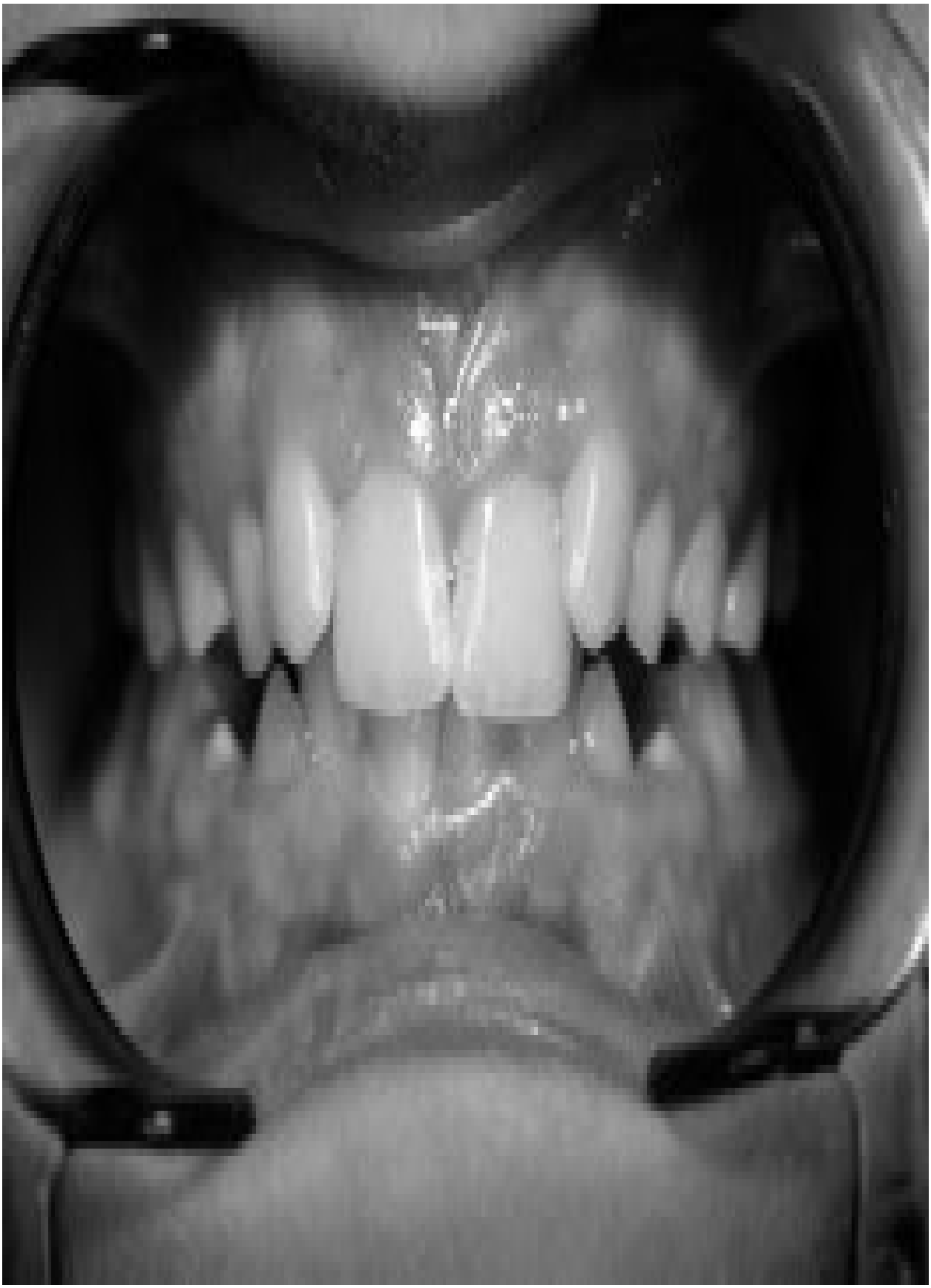

*Photo 44: Louise's son*

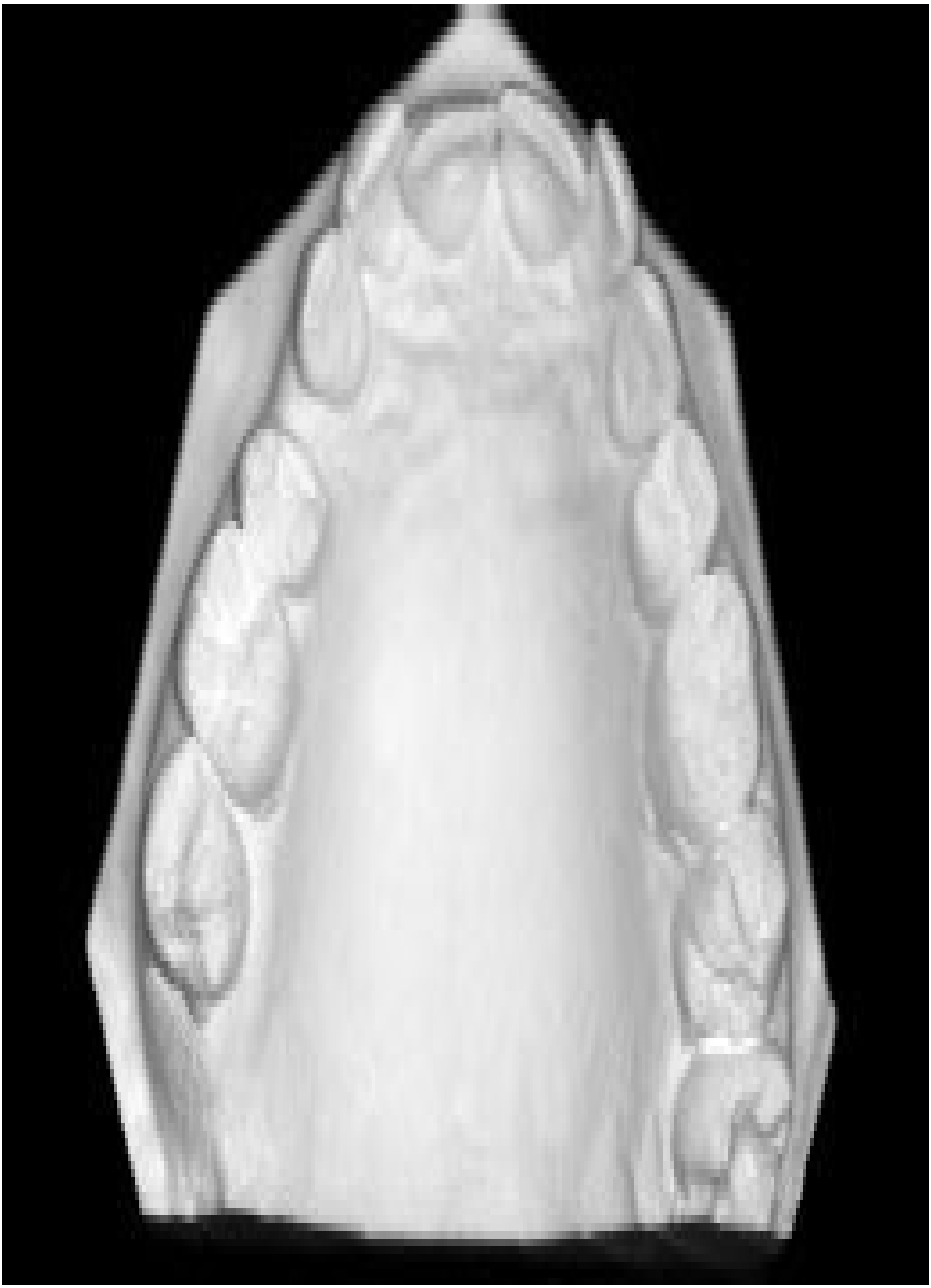

*Photo 45: Louise's Upper maxilla*

Notice the similarity between Louise's mouth (photos 42, p. 101, and photo 45) and her son's (photo 44): excessive covering by the upper teeth (photos 42 and 44) and forward upper lateral incisor teeth (photo 44, son, and photo 45, mother). We habitually attribute this resemblance to heredity. Why not? But if this were true, there would be no possibility of change, and we would not have seen Louise's mouth and her son's transform during treatment, until… they were no longer similar!

Thus, with this notion of heredity, we again use a cleaver-word, meaning that nothing can be done. In fact, this similarity corresponded to the unresolved psycho-emotional functioning of the mother, passed on through the upbringing she had given to her son from birth.

In this case, we have only looked at the mother-son relationship. It is quite evident that the child has also been imbued by the psycho-emotional functioning of the father, and by all the environmental stimulations he has acquired since birth.

Parents can only replicate what they live and feel. There is obviously no guilt to be felt by saying this because everything we do, we believe to be justified, and we think we do it with all the love in the world. But we cannot resolve what we fail to acknowledge. All of this falls within the unconscious field, but when it is given we can take the opportunity to bring it to intellectual consciousness, to initiate a change in our functioning mode, for ourselves in the first place, and to give our children the possibility to do the same.

Louise goes on:

*At his age, I was like him. Childhood: not so easy. I am happy to be an adult and to move forward in life. I was a tomboy who always hoped to become a man. [There was a] late onset of puberty when I was 16, in the last year of high school.*

*My mother seemed present, but did not understand anything. She was rarely*

*affectionate and told me, and repeated all through my childhood, that I was a 'cheeky monkey', which is possible … and above all, complicated and hysterical, which is wrong. Discussion was impossible as she was very withdrawn and had inflexible beliefs, as well as stone-wall defence mechanisms. She is an unfeminine mother, like my aunts.*

*My father: absence of love. Violent. Came back tired from work where he had to 'take it upon himself' to be pleasant with his customers. Very demanding; he could not bear to be bothered by his children (during the day, at night, at table…). He was there to mete out sanctions. We were often beaten. No affection whatsoever from him; I must have kissed him on the cheek for the first time two or three years ago and I almost felt like I had raped him. Discussion was impossible. In fact, we hid as soon as he came back home. I was very good and brilliant in school, probably to avoid trouble at home.*

*Ah yes… he said 'vous' and still does to my brother and me. [Translator's note: 'Vous' is a formal pronoun in French, usually used to speak to strangers or older people]. To me, he is more like a stranger than many people I mix with. My children fear their grandfather.*

*Mouth piece: I decided to use this mouth piece because of a snapping of the left temporo-mandibular jaw. Like everything I decide to do, I do it thoroughly even if it bores me sometimes.*

(The temporo-mandibular jaw is a place in the physical body which is part of what I call the 'garbage bins' of emotions.)

In the same manner that we can read Louise's temperament in her mouth, it would be just as easy to invert the procedure to describe her parents' mouths, according to what she says about them.

Then, Louise seriously took herself in hand, like everything she has undertaken since she was born, but this time she accomplished it deep down inside herself and for herself. Let's look at her last testimony.

*I have practised Tai Chi Chuan for around eight to nine years, and over time I came to teach it. Tai Chi Chuan taught me, among other things, to be at one with my body in a better way, to have a better posture … but as far as having a sense of the 'Qi' is concerned, the results were not fantastic.*

*Sometimes it happened that I felt something, from time to time, in varied places, very randomly. During a workshop I did with a Master, we practised Tai Chi Chuan for one hour per day. On the first day, he asked me how long I had practised for and with whom. I answered him and added that I had been practising in a different school from his. He then told me my Tai Chi was very good but that it lacked something; I achieved what I wanted but I could not 'let go'. Within 30 seconds, without him telling me more, I understood. Since then, I do not 'do' Tai Chi Chuan anymore; it is Tai Chi Chuan which guides my movements. I hardly need make any more effort, in particular none where my arms are concerned; [there is] a surprising impression of suddenly entering another 'dimension' that I could not have imagined before. I had read things like this in books but it seemed it was not for me.*

*What is more, during our last consultation, you told me I could now live in the present moment. For me, this was only theory. Many times during the day, I was aware that I was not 'in the present'. I then made a conscious effort to get back to it, but this, inevitably, only lasted a few seconds.*

*Recently, in contrast, I surprised myself by being 'in the present', spontaneously, without making an effort. The first occasion this happened was while I was chewing (Aha!) but not the mouth piece… chewing food. I thereby understood why it had been so difficult for me before to say on which side I chewed.*

*Then, when walking in the street—experiencing the change from being inattentive to being 'in the present'—I had the sensation of a door opening, of being 'in the present', seeing and feeling everything around me, as if my visual field had expanded. Curious, isn't it?*

*So, is it from chewing this mouth piece?*

*Is it the work done over and above the mouth piece?*

*And, also, can we rebut both of these?*

Indeed, there is nothing to rebut… one only has to observe that Louise modified, among other things, her overbite.

In this language of teeth we cannot say anything is by chance, as everything has a meaning.

And despite the approbation of Professor Planas for the balanced mouth, we made observations which were left unanswered. When a patient harmonized his mouth, according to Pedro Planas' laws, he was getting better and better in all domains—physical, organic and psycho-emotional—but, over time, we perceived a failure to progress further. The patient didn't go back to the initial state of being ill, but experienced again, to a lesser degree, symptoms which had disappeared or other pathologies set in. These observations showed that Planas' laws alone were not sufficient. This led us to a new fundamental concept already mentioned in the second part.

# *III – The Vertical Dimension*

I already showed you how important the balancing of the overbite is in several examples. When balanced, the overbite is a reflection of systematic balance. The overbite, remember, is an excessive overlapping by the upper incisor teeth on the lower ones.

Let's take the example of David's mouth (photo 16 at the centre and photo 17, p. 18). If we measure the distance between a spot located under the nose and a spot located at the tip of the chin, we get a certain length. When the overlap disappears, the overbite harmonizes and the length between both points increases. The disappearance of the overlap causes an extension of the inferior level of the face (or oral level). We call it an increase of the vertical dimension of the mouth level, therefore of the face.

We have realized that this vertical dimension has an important role in the human being's physiological functioning, way beyond what we have been taught. Professor Planas had sensed its importance, but not its entire scope. Clinical observation leads us to an irrefutable discovery:

*We all (or nearly all) have an insufficient vertical dimension, and this has unfortunate consequences for humanity's well-being.*

It happens, though, that we do meet people with a 'beautiful' mouth… at least at first glance. The teeth are nicely aligned, the smile looks aesthetically pleasing, therefore pretty – but looking closer, we notice a generalized abrasion of the teeth. This results in a reduction of the vertical dimension.

This loss of dental substance corresponds to a particular functioning mode in people. They are hyperactive and 'high performance' people; nothing can stop them – and in the present world they are often decision-makers, leaders, managers. They have built an illusion of well-being around themselves because they cannot appear weak to the outside world. We never ask them how they are because, to other people, 'They are always well'. They are 'forces of nature'… but when these people are alone, they feel their malaise. This is why they never

stop, as this would be unbearable for them. They must show their strength constantly, and have a lot of difficulty listening to the description of their malaise. Their life is artificially constructed in order to compensate their [state of] ill-being.

Yet, these people are ‘eating away’ at themselves and spiralling deeper into their temperament. The wear, at first, corresponds to a loss of the enamel covering the tooth. The enamel is the hardest material of the body; it is the embodiment of the mineral realm (the oldest, as noted previously) in the human being. The behaviour of these people is so destructive that it goes so far as to gnaw at the most resistant part of the body. And the funniest thing about this is what we say about them: ‘They live life to the fullest!’ They are examples of modern society.

As was the case for the overbite, rectifying this generalized abrasion, thanks to our therapy, allows the patient to access a better state of being, or to start moving towards a different way of functioning.

# *IV – Chronology of Teething*

We have just considered the method of psycho-physiological diagnosis of a mouth when all ‘adult’ teeth are in place. Now let’s observe the information given by the appearance of milk and permanent teeth.

Normally, mandibular (foundation) teeth come out before the maxillary (roof) teeth. The foundations appear prior to the roof, which seems logical and physiological.Yet for several years, this rule has often been contravened: some maxillary teeth come out before the mandibular teeth (as if we laid roof tiles before placing the first brick). This inversion of a natural process has led us to establish a direct link with the child’s environmental factors: upbringing, instruction, nutrition, lifestyle.

Hyper-intellectualization of children which occurs too early, obliges them to put a lot of energy into the development of their thinking rather than in the building of their body. Now, we know that a child has to first pass through the stage of walking, then through speech in order to reach the stage of thinking. The child needs all its energy to build, first of all, its physical body in order to be able to walk. If the forces mobilized are inadequate, the child is weakened and does not have the physiological time to bring its psycho-emotional functioning to maturity. The physical manifestations will be diverse diseases like, among others, ENT problems and the disturbance of teeth eruption.

In order to respect the child’s physiology, one should wait for the appearance of the first permanent molar teeth, between six and seven years old, to start intellectual learning of reading and writing, for instance.

# 1. Temporary Teeth

Some milk teeth come through and (or) fall out late. This development is to be linked to upbringing—and, subsequently, nutrition—which maintains the child in an immature ‘baby’s’ emotional state, whilst emphasizing its mental abilities. The child becomes a miniature adult.

These children’s teeth, which appeared late, will also be renewed late. This indicates a call, a cry, of the body in answer to premature hyper-intellectualization.

The lack of fulfilment for the adult is predicated on the affective immaturity which thus sets in.

# 2. Permanent Teeth

The physiological chronology of permanent teeth is often disturbed; it even occurs that certain teeth don’t develop. The appearance of permanent canines, for instance, should follow that of the premolar teeth around the age of 13. We frequently note the presence of these canines before the premolar teeth. Yet canines mark the maturity of sexual organs, while premolars mark emotional maturity. Setting the foundations of sexuality without possessing mature feeling, creates ‘child-like women’, ‘Lolitas’, or ‘tall hairy men’ with the psyche of a six-year-old child. They are the products of the ‘over-intellectual’.

In order to fight against this adult world in which the child is thrown, and to keep something from childhood for as long as possible, the child’s permanent teeth may erupt late. In this way, the child unconsciously puts off the passage to the following physiological level, in order to prolong the previous level, from which he has not fully benefitted. But not everyone succeeds in doing this. Here are the conclusions of a study conducted a few years ago.

# 3. Precocious Puberty

Precocious female puberty is a more and more widespread phenomenon in the United States, whose causes still remain quite mysterious but which poses, ‘a serious public health issue’, according to some experts.

Indeed, in the United States 7% of white girls and more than a quarter of black girls show signs of puberty from the age of 7, according to a study led by Dr Marcia Herman-Giddens, conducted in 1997 on 17,000 American girls aged 3 to 12 years old.

At the age of 9, 32% of white girls and 62% of black girls have breasts and pubic hair, that is to say, one to two years ahead of time. The consequences of this evolution, which started in the 60s, are far from being insignificant. Some studies thus underline that precocious puberty can provoke ‘more depressions, aggressiveness, isolation, even suicides’.

If this study had also examined the mouth, it could have noticed the presence of canines. It is interesting to raise the point that, here too, one mixes up causes and consequences. Indeed, when one observes the physical modifications of the bodies of these children, these modifications would be seen to be the cause of their disorders instead of being the consequence.

Based on everything that has been developed in this book, we can bring up another theory:

It is the psycho-emotional functioning of these children which causes a psychological disorder and this disorder is accompanied by physical manifestations. Breasts, hair and canines are the consequences and in no way the causes of a complex functioning mode.

# *V – The Child Raises His Parents*

The universal language of teeth enables us to read the child's functioning through her or his mouth. As a matter of fact, the mouth traces the child's past and present life exactly. We have seen that the relationship with the father and the mother is recorded in the mouth as well. We can therefore note the respective roles of parents and the impact of their lives in their child's upbringing. The child's life is the legacy of all the environmental or epigenetic factors, including the way the child was brought up. It is the transferral of the parents' experience to the child's upbringing. So, the child also reveals the behavioural pattern of its parents, through the mouth.

In this way, the child offers a priceless gift, as we are given the chance to understand the parents by reading the child's mouth. The child is there to elevate the consciousness of his parents, by giving them the opportunity to see, that is to say, to make the connection between their own mouths' imbalance and their child's, and to do—in other words, to start walking on the path of change. Only then can parents change the way the child is brought up, as they will have moved sufficiently forward in their own lives by abandoning old beliefs which had kept them in a destabilizing behavioural pattern.

And all those who have engaged—parents and children—in wearing the activator and in the treatment of the whole body, have seen their mouths harmonizing. But it is the child who will have initiated this awakening. To this end, it is then necessary for adults to learn this 'language'.

The child raises his parents and, in return, parents raise up the child.

# *VI - Conclusion*

This fourth part has given you the chance to discover a different reading of the mouth. Some practitioners of other disciplines achieve the same results through observing any other part of the body. All this simply brings us to an additional means of diagnosis and confirms that in the infinitely small (the tooth) we see the infinitely big (humanity as a whole). Everything is in everything and it is interesting to know this.

We have now reached a crucial stage: how to solve past conflicts which have accumulated and forged our temperament? Dentosophy gives us this possibility.

If the mouth is a part of the body which allows us to visualize our lack of mental awareness, and if this mouth starts to change, it means – according to my experience – that we have solved some conflicts buried deep inside us, without needing to bring them to our intellectual consciousness. The past is then superfluous. Only the present moment counts, and it alone guides us on the path we walk.

*Dentosophy is a therapy that highlights the connection between oral balance, the human being's balance and by extension the world's balance, because the present world is, of course, created by the thoughts and actions of the human beings of today.*

I hope the link between the balance of the mouth and of the human being has now become more familiar to you. The link with the world remains to be discovered. Indeed, highlighting the close relation between the whole human being and their mouth, and knowing that the world's equilibrium rests on the actions of human beings, we can logically establish the links between mouth imbalance and the functioning of the world…

Initially I had contemplated including the relation of the mouth with the world in this book, but I realized it would probably be too difficult to accommodate – especially as it would make this book too large. This is why it will be published in a completely separate book, as the subject is immense.

# Chapter 5

# HARMONY AND BEAUTY

# *I – The Lady From the Swimming Pool*

She is superb. On top of the highest diving platform, in her 1900s-style black bathing suit, a white cap on her head, her arms spread horizontally, she takes a moment to concentrate. Then she launches herself, magnificent, under the admiring and dazzled gaze of two young boys waiting for their turn. She bends her knees, touches her ankles with her hands, then straightens out, finishes with a swallow dive and plunges into the water. She surfaces and backstrokes to the edge, totally relaxed.

–‘What you do is superb.’

–‘ Thank you’, she answers with a huge smile which lights up her face a little more.

–‘Have you been doing this for a long time?’

–‘Listen, I started when I was 40, I am almost… 80 years old, so do the maths.’

Yes, the diver is nearly 80 years old and still has this huge, radiant smile – an expression of her being.

–‘Madam, you have splendid dentition!’

–‘Oh, it is such an old mouth!’

–‘Harmony doesn’t have an age, Madam.’

And she smiles again. ‘Thank you’, she says before leaving for another flying dive.

This wonderful testimony on harmony between the human being’s equilibrium (physical and psychological) and the mouth’s equilibrium was related to me by a dentist friend who approached this person when I was starting to write this book…

What a long way we have come all through these years! Since the beginning of my professional career, I have seen many mouths but I missed the point. Today, with a single glance I can read, behind appearances, the experience and potential manifested in so many unbalanced mouths… And offer a therapy.

It seems like only yesterday, and yet that time seems so far away when teeth were, in my eyes, only things planted in the mouth for chewing and secondarily for aesthetics. These teeth which hurt so, that the dentist could earn a living; these teeth, prison bars from which we want to be set free by breaking them, destroying them, wearing them down in a hectic and never-ending battle – a fight where the human beings leave a great part of their psychological and physical strength, and at the end of which, find themselves weary, exhausted, drained… without meaning. Why? What for?

For me today, these same teeth have become gateways to the present time, in the image of the lady from the swimming pool. The cavities, disharmony, impotent old age, are not inevitable!

# *II – The Point in Common*

The development of all the psychological therapies in Europe, in the United States or elsewhere in the world, is indeed the expression of a malaise. In Africa or in some other countries, the marabouts and fortune tellers offer therapies too. But everywhere the approach is the same: understand, reassure.

In fact, to go further, as we have already seen for illness, life's events must have a meaning. And for them to have a meaning, one needs to connect them to one another (even if, in appearance, they do not share a link), and to see the reality of what is expressed in life's incidents (even if, outwardly, they seem to be insignificant). Life then starts to make sense. We can read in the course of daily events, as we read in a book, the path which is ours. It is one way of appeasing the soul because then it is nourished.

Do you remember little Paul who fell in the school's playground and broke his right upper central incisor tooth? We found a completely different meaning to this fracture. In order to do so, we had to search for the true causes in a new way.

In the same vein: have we made the link between a country's economic development, the suicide rate (or depression rate) and oral malformations? Have we made the link between a country's economic development, the consumption of neuroleptics and the amount of oral malformations? Have we made the link between dysfunctional upbringing and a country's percentage of oral malformations?

And do you know the common point we can find between the following situations which are, outwardly, so different?:

*The child falling in the school's playground and breaking his right upper central incisor; the man who says he loves his wife and beats her up; the one who grinds his teeth at night; the one who snores; the new-born baby suffering from eczema; the sportsperson taking steroids; the adolescent afflicted by cystic fibrosis; the one who has depression; the old man afflicted with Parkinson disease; the one who is xenophobic; the athlete with incredible talent whose career is*

*compromised by recurring injuries; the child who has nightmares; the one who 'wets' the bed; the alcoholic adult; the dyslexic child; the one who has difficulties concentrating in school; rulers incapable of generating new ideas; the man who shoots teenagers who play too noisily; the paedophile who rapes children in his care; the anorexic young woman; the one suffering from multiple sclerosis; the obese man (or child); the young woman with fibromyalgia; the one who has cancer; the young man sick with AIDS; the allergic or asthmatic child; the one who has throat infections, otitis, rhinopharyngitis; the one who is anguished, anxious; the hyperactive businessman; the one who takes drugs; the one who is willing to murder on behalf of the State or God; the one who hangs out in pharmacies, in analytical laboratories, in dental, medical offices, in psychotherapists, psychoanalysts, psychiatrists, physiotherapists, osteopaths, nutritionists offices, in all sorts of therapists' practices…*

The list is far from being exhaustive! Well, the common point between a few billion people, is: An unbalanced mouth. . .

You may well say: 'Yes, but this is your point of view as a dentist and you are pushing the importance of the mouth a little too far! Come on, there is more than just this!' And yet… These are observations – and remember, the mouth is only a mirror, just like any other part of the body. We could make the same observation with the posture, for instance (see Appendix II).

Starting from a common point is essential data for any researcher. Of course, a scientist needs reproducible events in order to hypothesize and check this hypothesis through experimentation. I will give you two examples:

In research on AIDS, the great difficulty is the fact that the HIV virus is constantly mutating. How can we find a single vaccine if there is no valid constant in all forms of AIDS? In research on cancer, a first difficulty is the fact that there is not even a virus (so no common point). And when we know the fundamental role of the psychological aspect (both in the disease's development and in healing), what common constant in all forms of this pathology can we find? Because… How can we examine the psychological aspect under a microscope, in a laboratory?!

With the unbalanced mouth, we have identified an extraordinary piece of information; extraordinary because it is common to a few billion people – even if, obviously, none of them is the clone of another.

To learn to recognize a mouth in balance is the minimum criterion to see the imbalance when it comes before our eyes. And to offer a therapy which allows a rebalancing – therefore an holistic, greater well-being of the person – becomes a necessity if we realize the scale of the problem. Oral harmony is an incredibly simple indicator. Yes, simple, yet unrecognized— and it's understandable—by the whole world, but also, much more surprisingly, by almost all the scientific dental and medical world.

To this end, while the dissemination is, at least for now, still limited there are some extant publications. To this basic knowledge I will add, through this book, our repeated observations, made since 1982.

# *III – A New Therapist For a New Medicine*

For around twenty years, new and varied therapies have made their appearance. However, they have at least two aspects in common: they are rejected (at least, the majority of them) by the official medical world (for not being scientifically proven) although they are unquestionably effective. In addition, there are more and more sophisticated technical means of treatment.

In parallel, new diseases and new viruses have appeared and/or have become more and more resistant; other germs have reappeared (tuberculosis for instance).

One observation must be emphasized: there are more and more therapies practised by more and more competent therapists and… there are more and more sick people who call on these therapies – even several of them simultaneously. The example of cancer speaks for itself; the number of cancers is growing (despite what is said) and the death rate increases, even though research continues to progress.

In the dental domain, for instance, the therapists themselves organize the therapy. For any given patient, they may call on the surgeon (orthognathic surgery), the orthodontist, the occlusodontist, the prosthesis specialist (and/ or the implantologist), the periodontist. . . This process is ‘comprehensive’ therapy. Yet in the dental domain, we note an enormous percentage (80% according to official sources, much more according to our observations) of children in need of mouth rebalancing.

Nothing gives an indication of this spiral easing in the future. Why? Because we are on the wrong path.

Since the emergence of so-called ‘modern’ medicine, we have deliberately sliced up the human being and created on the one hand the stomatologist, the cardiologist, the pulmonologist etc. – specialists of a part of the whole – and, on the other hand, the general practitioner who looks after the whole and is specialized in nothing. Each functions in their own corner and tries to silence the

symptoms corresponding to their discipline. In France, we have even taken the dentist out of this whole picture, as the dentist is not a doctor in medicine. Of course, it is well known that teeth are not part of the human body!

The only drawback in this story is in the concept of the whole. Current medicine, for the most part, concentrates basically on the physical body, and only out of sheer desperation does it turn towards the psyche – to the extent that specialties dealing with the soul are considered rather negatively.

However, rather than new therapies, we need new therapists. We could call them the 'humanologists'. They would then be able to use all the tools available to them to make the patient aware of his own power of self-healing.

*In fact, it is not a matter of inventing further medicine but of allowing another type of doctor to arise. And by extension, it is not a matter of inventing further dentistry, but of allowing another kind of dentist to arise.*

Whatever the therapies, they all have a limit – the limits of the therapist. The therapist acts more in accordance with their own limits than the limits of the method. And the therapist's limits are the ones visualized in the therapist's mouth; they reveal the therapist's own set of problems. So, if they don't solve them, they won't be able to go any further with their patient. (Let's say it again —the mouth is only a mirror, as are all the other parts of the body.)

We think, sense, feel, act, treat, govern, lead and build the world exactly in accordance with the limits of our mouth's imbalance and of the rest of our body. The mouth is an external reflection of our inner functioning. The effectiveness of treatment is linked to the possibilities of balance or imbalance within the mouth and not on the treatment itself.

*We build the world in the same way as we create our mouths.*

A mouth without balance is an illusion. Yes, what I see is an illusion. Behind what I see, there is reality: a superb harmonious mouth. Life's events— heredity, upbringing, etc.—have not allowed it to be so, yet. But it can become so, as nothing is irreversible. It is already a reality for some people. And there are all the others, waiting without knowing they are waiting, hoping without knowing what they hope for, searching without being able to name what they are searching for and not finding, as they believe the answer can only come from the outside… whereas it is in fact buried within them.

Teeth are extraordinary organs of perception, of an incredible subtlety and sharpness. The stimulation of the teeth, encouraging their movement (and the jaws' repositioning) and the oral balance resulting from this, will help recover the most refined cerebral functions.

Human beings can then express all the real abilities which make them unique magical beings. They will create their life, in their own image.

The therapists, by harmonizing their own mouths, will extend the limits of their method. They will break the barriers, hidden deep inside themselves, which prevent them from thriving. In all life's domains (research, ecology, education, economy, politics, cultural, sports, etc.) each will find, through a new perception of the mouth, the creative elements needed by the social requirements of our time.

Here is the testimony of a French colleague:

*My practical experience of Dentosophy*

*At the beginning, more than the workshops themselves, it is the holistic concept of Dentosophy that I was waiting for, as my professional practice satisfied me less and less, both from a practical and a relational point of view.*

*During teaching, I really had the feeling I was 'redoing my studies' and over a relatively short period of time in the end.*

*During the first workshops, I had the impression I lacked technical and practical techniques. It turned out that throughout my first experiences of the method, which I did not hesitate to apply from the beginning, it was simple common sense which helped me to resolve a good part of these problems.*

*In addition, I realized, gradually, that the relationship with the patient was automatically becoming different, the discussion going from the technical to the 'awareness' domain.*

*The difficulties then became: 'What to say?' or 'Should I say?'*

*There as well, embracing the method seemed to be the best way to overcome these difficulties. The guidance given during the workshops (not always easy for me to understand at the time) became progressively clearer with experience, and*

*the conversation with my patients now begins and takes place more and more naturally.*

*The other remarks I would make are on a more personal level. Dentosophy allows me to be myself, especially in my practice. My language with my patients has become more real. I feel that I am talking much more with my 'being' and no longer with my mind, which until now has conveyed what I had been taught.*

*The relationship with the patient has become more satisfying, and professional stress has, therefore, been considerably reduced.*

*Again, what did not seem clear to me at the beginning (for example, that with this method the therapist engages in his own therapy as well), has become perfectly clear.*

Testimony of an Italian colleague:

*To immerse myself in Dentosophy was like setting out on a voyage beyond the Pillars of Hercules; I didn't know anything about orthodontics and really thought I never wanted to know more.*

*And yet, despite a thousand hesitations, I was fascinated by this therapy which offers, through using a rubber mouthpiece, to rebalance not only the mouth and its structure but also the individual, in the wholeness of his body and psyche. It was what I had always searched for; I felt it like a calling.*

*And this is how I embarked, not knowing if I would discover a shorter way to the Indies or, as it happened, a new continent full of treasures.*

*Gradually all the pieces have found their right place. My ignorance turned out to be an advantage; I did not have to 'empty' myself and to get rid of ready-made concepts in order to welcome the new knowledge.*

*By wearing the activator, I could verify these words myself: The therapist acts in accordance with his or her own limits, not in accordance with the limits of the method. And the therapist's limits are the ones of his or her mouth. We think, sense, educate, treat, lead and create the world according to the balance or imbalance of our mouth.*

*The daily use of the activator allows us to push our limits and barriers, a little*

*more every day. This, associated with all the fascinating theory supporting Dentosophy, enables me in my daily practice to really understand not only the physical, flesh and blood suffering, but also the metaphysical suffering of my patients.*

*This gives me the tools to accompany the patients on their path to healing, by clearly perceiving the steps to follow and the instruments to use.*

*And I now understood that my hesitation to engage on the path of Dentosophy came directly from the limits of my mouth.*

Dentosophy could be linked with this Chinese proverb:

*I listen and I forget.*

*I see and I remember.*

*I experience and I understand.*

It is about putting acts into practice daily, at each moment of our life.

This Chinese proverb would also suit very well the child who just made ten mistakes in his dictation test, and whom we congratulate for his experiences rather than imposing sanctions on him for getting a bad mark…

# Conclusion

## THE ORIGINAL LANGUAGE

‘You must leave your brain aside’, my daughter tells me, speaking about the play I am going to see that she will perform in. She knows I relate to this sentence a lot and it’s sufficient in itself. But what did she mean? … Letting go of our intellectual thinking, our left, analytical, structured functioning brain, in order to embrace our feelings. We don’t have to ‘understand’ this play, but rather to feel it, to live from within the emotions emanating from the actors.

In order to do this, the actors will try to speak a language, the language of the inner being; it is the original language. We all possess it within us; it is the integrated ‘walking–speaking–thinking’. Wanting to understand the play with our mind is to speak another language, the language of appearance. There are as many languages of appearance as there are individuals on Earth. How can we understand each other if we don’t know the other’s language? In contrast, the original language is unique and accessible to all humanity.

‘To be or…’ to appear? These words come back regularly, and can also remain intellectual if we are not careful.

In order to have a sense of how to remember this original language, let’s have a look at the ground covered in overbite therapy, for instance.

If you remember, in the case of an overbite, the upper maxilla covers the lower maxilla in such a way as to prevent the latter from sliding harmoniously to the left and to the right, with a contact on all the teeth on the side it is moving.

Overbite prevents a good bite. In such cases, we observe people who function with their heads, their intellect, live in their past and have a lot of difficulty accessing their feelings – feelings which would validate the present moment. It prevents them from acting according to their desires. Their actions are

programmed by the teaching and the upbringing they have received, what they read etc. Which brings us to a widespread phenomenon of extreme intellectualization – and increasingly prematurely in children.

Let's have a look at the inner and outward paths of these people with an overbite who agree to follow a therapy based on the principles of Dentosophy. They will chew on a rubber activator, thereby stopping deliberately during the day to do just one thing at a time, in full consciousness of what they are doing. They will live in the present moment, be aware of their body; their fears will diminish gradually. Progressively, they will increase the 'vertical dimension' of their mouth—synonymous with well-being but also with balanced occlusion.

We have seen that to live in the present moment must become our normal daily way of functioning. It is the only way towards human well-being. To stop three times per day to chew the activator becomes a work-out, just as a sportsperson who wants to finish a marathon must run every day. Gradually, the correction of the overbite leads us to live in the present moment at other times of the day, without the activator (see Louise's testimony p. 105), and to do so more regularly. With the overbite balanced, we experience the first lateral movements of the lower jaw. The human being discovers a right and a left function never used before.

People liberate themselves. And using the activator is the first step towards their freedom. We become aware of an occlusion coming into balance, therefore enabling us to become familiar with experiencing the present moment, which in itself eradicates fear. And when we evoke fearless moments, the body recognizes them and says to its host: 'This is bliss: to be in the right time!' as there is no longer just the 'dis-order'.

So, if we live in the present moment from time to time, we can access another listening skill, to the extent of 'unlocking' the mouth, thus changing from overbite to normal occlusion.

*We 'listen' according to the anatomy of our mouth at the time.*

We have to say that in the beginning of therapy, this listening tends to be intellectual, which goes well with our previous way of functioning, because we know how to do this! But despite all that, this new ability, to be in the present a little more often, allows us to reach another intellectual awareness. This is how,

for the first time, we will be struck by the things we systematically shut the door upon before, so as not to listen to them. We will now use the ‘why not?’ approach and accept the appearance of new hypotheses.

However, this condition of intellectual listening, however necessary, is not sufficient. Because if awareness remains purely intellectual, we will slide backwards again into our previous functioning. Making changes would appear to be very complicated in today’s world! It is essential, at this stage, to take decisive action, and the decision to wear the activator is one of them. Then there will be a harmonization of the mouth, and a physical and psychological improvement.

At this point, we access true awareness, visceral awareness – the body’s awareness. Because consciousness is not located in the head but everywhere, even in the smallest of our cells, it becomes inner, organic consciousness.

We need to point out here that the expression ‘becoming aware’ is currently misused. We don’t know what we are talking about. We should use a different term when referring to an intellectual awakening. Consciousness can never be in the mind. Only the body can say, through a visible exterior change, that awareness has been achieved. It is only at this point that we can talk about healing.

Harmonization of the overbite will be accompanied by the disappearance of old symptoms and recurring pathologies and will allow the person to perceive their life in a completely different manner – to live the present moment more frequently, and to depend less and less on the past, which is a source of stress and often of anxiety, and therefore of reactive behaviour.

*What could be easier than to look at a mouth to make this observation!*

This harmonization of the body, a reflection of our psycho-emotional change, leads us towards the knowledge of the human being (the knowledge we are born with). This knowledge is innate in everyone. We simply have forgotten it, which is to the advantage of philosophical learning. Access to innate knowledge or consciousness encourages us to let go of the analytical, authoritarian and domineering intellect, which is linked to the superficial appearance of things, in order to touch our inner being.

One doesn’t need to fight one’s mind but rather to develop one’s feelings.

Intellect is useful if it is in the service of innate knowledge, of the original language. It becomes pathological if it hides it and takes up all the space. Then we no longer speak the same language. We do not understand each other.

Let us become conscious in our daily life of our instinctive, unintentional zombie-like actions, and of habits which lull us to sleep through repetition… and let us learn to see again, hear again, feel again, touch again, like we have almost never done before, except at the very beginning of our existence, from birth until the age of one.

As we move forward in this quest, in therapy, the balance of our mouth continues to evolve and it will always be the exterior sign of our inner evolution towards well-being. Thereby, amazingly, the work with the activator teaches us our lost language. We are taking action rather than philosophizing. We learn to walk… in the right way.

Still, it seems so complicated to understand. It is as if our original language had been washed from our brain; as if we did not remember and we had to learn the words gradually, slowly, one after the other, like a song we know the melody of, but only in the background. Is it possible to remember the song? Why not! We think so, as the original language is to be compared with the tongue which is located on the speaking level and the neuro-vegetative functions' level (swallowing, phonation) in the balanced occlusion.

As if by 'chance', in order to access this original language and this balanced occlusion, it is imperative for the tongue to be placed on the palate as often as possible, that is to say, to line the maxilla. Thus it links the mandible and the maxilla and allows continuous circulation of energy (the two anterior and posterior meridians in acupuncture being connected if the tongue is in this position.) This essential function of the tongue is hindered by the overbite, which is currently becoming almost universal in humanity—like the ego, materialism and the misuse of learning.

We, the rebalanced human being, situated between earth and sky, become (in the image of our occlusion and therefore of ourselves) the indispensable factor for the macrocosm's equilibrium. Therefore, we alone are responsible for the planet's equilibrium. And the world's exterior equilibrium depends on its inner equilibrium.

*

So… the last word. . .

Beauty and balance are the norm. Our observations have proved it for many years. An unbalanced mouth represents a parody of the human being. The harmony of the occlusion is the reality that we need to perceive behind the ‘not pretty’. We have the possibility to recover this harmony within us and to express it fully in a reunited body: psychological, emotional and physical.

This is what I have attempted to highlight throughout this book by presenting this therapy, validated for more than thirty-five years, thanks to hundreds of patients who experienced it because they could say, ‘Why not?’ In fact, it has become a way to learn ‘the new’ again (or the forgotten old). And we have seen how, in order to do this, we need to go through ‘dis-orders’—among which are dental malformations. There as well, all the patients’ testimonies confirm it.

This book may not have the linear rigour of a scientific presentation, as I chose rather to share my path, with its hazards, its thrilling discoveries, its hypotheses; at first disconcerting—and the experiences repeated ad infinitum to validate them—until accessing the incredible wisdom of teeth, Dentosophy.

And I must share with you that this transition to writing for me, who is rather a passionate speaker and a training-course animator, has been a real adventure. That I thank you for, dear readers, whoever you are…

And for my colleagues, I would add this: the practice of this comprehensive therapy offers a new opening to our profession. By putting ‘dent’, the tooth, close to ‘sophia’, wisdom, Dentosophy carries the hope and the ambition that one day ‘man will listen to the mouth telling him about man’. There is, in this way, an exceptional opportunity to be seized for the dental community and for the world in general.

# Appendix I

## SENEGAL'S TRADITIONAL MEDICINE AND HIV-AIDS

# Keur Massar Traditional Hospital (Senegal)

## *By Professor Yvette Parès*

Keur Massar Traditional Hospital has welcomed patients dealing with HIV-AIDS since 1987. In this health facility, they receive treatments based on Senegal's traditional medicine. In 1988, this information was broadcast by Radio Diffusion Nationale. It was recommended that people shouldn't miss their chance. In 1999, the initial patients, who had followed the treatments with regularity and perseverance, were in excellent condition and led a very active life.

We generally think that research can only be conducted in big laboratories equipped with advanced equipment, and we wait for chemists to synthesize new molecules in the hope that some of them will be effective; until now, efforts have not succeeded. Hopes have been dashed by the high toxicity of some products and the fast mutation of the virus. And it is tirelessly repeated that there is nothing we can do and that sooner or later opportunistic diseases will always appear. We do not have the right to talk like this.

There are at least two hundred different medicines for treating AIDS throughout the world, on the seven continents. Traditional [folk] medicines have not been looked into; we have not given practitioners of traditional medicine the chance to

tell us about their treatment, or, if they have, we have not listened. Why, then, do we keep sick people in despair? If one medicine cannot solve a problem, others can.

We have forgotten too quickly that nature provides us with much more effective solutions than human laboratories. Medicinal plants can be used to prepare all the remedies necessary for health. Plants cannot speak, do not advertise, but they give to those who have the knowledge, the traditional practitioners, the means to relieve and to heal. Antiviral substances, and all the others which are vital for the body's recovery, are synthesized in abundance by numerous medicinal plants, not only in Africa but in all regions of the world. The Keur Massar Traditional Hospital has drawn from this immense pharmacy to develop the treatments prescribed.

People who are ill need to reflect on this, and to muster courage. A hand is given to them to lead them on the path of hope. Traditional Medicines and the World's Health

The end of the twentieth century has seen the emergence of a new and formidable epidemic, the HIV-AIDS infection, and the strong resurgence of infectious diseases (tuberculosis and others), against which antibiotics have proved to be more and more ineffective.

In this context, one thing becomes crystal clear: all the world's traditional medicines have and will have their part to play. How many are there? With one hundred and seventy five countries bearing a flag, we can estimate their number to be more than two hundred. But this number is undoubtedly underestimated, as large countries possess several traditional medicines.

These medicines have crossed centuries, millennia, impressively accumulating an extended therapeutic heritage. They have conveyed knowledge and wisdom, and have started to emerge from the shadows today. They engage in a common fight against the plagues overwhelming us. They have a lot to give.

Let's take a few examples: Why succumb to malaria when beneficial herbs are growing profusely around villages? Tuberculosis…? Those which are multi-resistant to antibiotics prove to be curable by well-conducted treatments, involving associations of plants which are effective against the pathogen and the diverse signs of the disease. Diabetes, high blood pressure, rheumatism,

dermatosis, gastric ulcers, sickle-cell anaemia, neurological disorders etc. also have their medications. We allow the HIV-AIDS infection to evolve in Africa waiting for external help while active plants grow in the local bush and forests.

The first International Congress of Traditional Medicines and HIV-AIDS Infection, which took place in Dakar during 11-12 March 1999, allowed traditional practitioners to present, in an official setting, the interesting results they obtained in several African countries. Our hospital explained the general principles which guided the development of treatments and shared its own results, stretching back twelve years. It also mentioned the therapeutic progress of Tibetan and Buddhist medicines. However, we sometimes hear this curious objection: 'How could African countries find remedies against AIDS whilst Western countries, with their well-equipped laboratories, have not found a solution yet?'

The answer is simple. Laboratories search in completely unknown territory. They need to invent new molecules which they do not know will be active, although their toxicity is virtually assured. The same cannot be said about traditional medicines. The great masters of this medicine, after understanding the nature and complexity of this sickness, can reflect on and search through the whole extent of their therapeutic knowledge. Then they need to choose wisely amongst herbs, plant associations and methods of preparation that will give them maximum effectiveness. Some trial and error can be necessary, but we reach the goal. We can then fight the pathogen, the disorders it creates and prevent or cure associated diseases.

These considerations show that HIV-AIDS infection throughout the world could benefit from a great number of treatments based on local medicinal flora. This is not unique to Africa. The general principles of these treatments being well defined, plants with equivalent action (antiviral, antibacterial, antifungal, antipyretic, anti-diarrhoeal etc.) exist in all climates and in all latitudes.

In conclusion, we can say that African countries hold great therapeutic resources, both for simple diseases and for the most worrying. It is for them to become aware of this and to develop the necessary organization. In addition, in the face of health problems that future generations will be confronted with, all traditional medicines exist as an alternative for world health.

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I met Yvette Parès a few years ago. The first impression I get of her is of huge determination and an unshakable faith in the veracity and effectiveness of traditional medicine. Since then I have been able to observe the results. Yvette Parès has dedicated her life and contributed money, for nearly 40 years, to this research, which has become a reality.

Let me make myself clear: she is no longer at the hypotheses stage. Treatments are operational now.

Then one last and terrible question comes to my mind: Why and for what reason are they not known?

# Appendix II

## SENEGAL'S TRADITIONAL MEDICINE AND HIV-AIDS

## BACKACHE AND PODIATRY

As for connections between an unbalanced mouth and diverse pathologies, on the human body level these readings are inexhaustible. And we are still a long way from having reviewed them all. For instance, I know a chiropodist, Pascal Chenut, who observes through feet what we see in the mouth. He can read the human being's psycho-emotional functioning too. And as a result of all his research, he has been able to develop inner soles for shoes that take this dimension into account. The knowledge of adaptable foot anatomy led him to develop inner soles able to correct compensation posture and to suppress painful symptoms in eighty per cent of cases. Using the same technique, he also invented inner soles for sportspeople, and even personalized them depending on the sports practised and the specific requirements of each sport. Furthermore, he became interested in elderly people's stability, and has worked on specific points of support which reduce their tendency to fall.

These inner soles are marketed by Micro Podia Company in Marsannay-la-Côte, France.

# Glossary

*Soulet-Besombes Activator: Rubber device used to rebalance the mouth, co-invented by A. Besombes and R. Soulet in 1953; also called 'Soulet-Besombes mouthpiece'.*

*Acrocyanosis: Blue-purplish colouring of the fingertips, tips of the toes and other edges of the body, ears etc.*

*Adenoids: An increase of the size of the tonsils.*

*Adenoidal persons: These are people who, by breathing through the mouth, develop adenoids.*

*Agenesis: Absence of tooth germ; the tooth will never develop.*

*Amalgam, also called dental 'filling': Used to fill the loss of substance in the tooth due to a cavity. There is mercury in its composition.*

*Brain plasticity or neuroplasticity: The brain's faculty to be malleable, that is, to regenerate (whereas it was believed to be rigid only 15 years ago).*

*Calcitonin: (or thyrocalcitonin) Thyroid hormone.*

*Cartesian: This word comes from René Descartes, some of whose statements are invariably misquoted and taken out of context. Indeed, when we talk of a Cartesian mind, we say it is pragmatic, logical, materialistic, and only believes what it sees.*

We attribute this sentence to Descartes: ‘I think, therefore I am’, but what he actually stated was: ‘I doubt, therefore I think, therefore, I am.’

Descartes’ discoveries stem from intuition and not from a logical intellect. His mind functioned opposite to the way it is unanimously believed. We have this quote as proof: ‘To attain the truth, one needs once in one’s life to shed all opinions received and build again, from the foundation, all the system of one’s knowledge.’

*Cephalalgy: Headaches.*

*Class II: See Upper Prognathism.*

*Class III: See Lower Prognathism.*

*Composite: Material for dental filling to repair cavities. There is no mercury in its composition.*

*Dentofacial Orthopaedics: Dental speciality aiming at treating dysmorphia of the entire mouth.*

*Dentosophy: Therapeutics, characterized by a holistic approach to dentistry, relying on known functional techniques and bringing out the link between mouth balance, the balance of the human being and by extension the world's balance.*

*Dolichocephalic: Someone with an elongated skull.*

*ENT: Abbreviation for Ears, Nose and Throat.*

*Glossoptosis: The fall of the tongue or low tongue leading to pathological swallowing.*

*Impacted: A tooth is impacted when it is blocked in the maxillary bone.*

*Lower Prognathism (or Class III): The inferior maxilla is located further forward than the superior maxilla.*

*Multiband: Orthodontic device stuck to the teeth, where a metallic thread is generally passed through.*

*Neuron: Cell of the nervous system.*

*Neuro-occlusal rehabilitation: Therapy founded by P. Planas aimed at functionally rehabilitating the whole stomatognathic system.*

*Neuroplasticity: See Brain plasticity.*

*NOR: See Neuro-Occlusal Rehabilitation.*

*Onychophagy: Behaviour consisting of biting one's nails.*

*Orthodontics: Teeth straightening treatment.*

*Otorrhea: Discharge through the external auditory canal (it is a sign—or a result—of otitis).*

*Palatal or hard palate: Corresponds to the mouth palate.*

*Periodontium: Bone supporting the tooth.*

*Pronation: Movement of the forearm which has the effect of twisting the hand inward.*

*Stomatognathic: Corresponds to the oral-dental and maxillary area.*

*Synapse: Area of the nerve cell where the connection with another nerve cell is located. The synapse allows the transmission of the nerve influx.*

*Upper Prognathism (or Class II): The upper maxilla is located further forward than usual compared with the lower maxilla.*

# Bibliography

Berron,Joachim, Sept regards sur l'enfance ('Seven insights on childhood'). Montréal, DPG publications, 1999

Besombes, A., Soulet, R., Simplified functional orthopaedic therapies, Paris, French Orthodontics, 1956

Chopra, D., Quantum healing: exploring the frontiers of the mind/body Medicine, Bantam Books publications, 1989-2015

Eschler, J., 'Electromyographic analysis of treatments with the Soulet-Besombes activator mouthpiece'. In: Functional therapy: the results. Collective Report. French Orthodontics (Paris), vol. 32, 1961

Friedkin,William, The Exorcist with Ellen Burstyn, Max von Sydow etc. (American film, 1973)

Herman-Giddens, ME, 'Recent data on pubertal milestones in United States children: the secular trend toward earlier development', Int J Androl vol. 29 (1), 2006: 241-246; discussion 286-290

Heyberger, MA, Planas, P., Macary, AF, et al., 'Functional Therapy: the results'. Collective report, French Orthodontics (Paris) vol. 32, 1961

Journées du Collège Européen d'Orthodontie ('European Orthodontics College Days'), Paris, November 11-12 1995. Orthodontic(s) stability. Dental Information (Paris) n°14 (April 11, 1996)

Macary, AF, Respiratory Myotherapies and activators. Paris, French Orthodontics, 1952

Padovan, BAE, 'Neurofunctional reorganisation', Cahiers de Médecine Anthroposophique (Anthroposophic Medicine Books) (Taulignan, Association Médicinale Anthro-posophique en France) vol. 68, 1995: 50-64

Padovan, BAE, Dos Pés à Cabeça (Andar, Falar e Pensar). Chão e Gente (Botucatu, Instituto ELO de Economia Associativa) vol. 97 (28), 1997: 9-10

Parès,Y., La médecine africaine : une efficacité étonnante—Témoignage d'une pionnière ('African Medicine : an astonishing efficiency—Testimony of a pioneer'). Gap, Yves Michel Publications, 2004

Parès, Y., SIDA, de l'échec à l'espoir—Le regard d'une scientifique, médecin, et tradipraticienne. ('AIDS, from failure to hope—The insight of a scientist, doctor and traditional practitioner') Gap, Yves Michel Publications, 2007

Planas, P., Reabilitacion Neuro-Oclusal Rehabilitation Neuro-Occlusal (RNO), 2nd edition. Barcelona, Masson-Salvat Odontologia, 1994.

Schneider, M., Self-Healing: My life and Vision, Arkana, 1988

Steiner, R., Child’s Changing Consciousness (GA 306), Anthroposophic Press, 1996

Steiner, R., The Education of the Child, Anthroposophic Press, 1996

Zarifian, E., Le prix du bien-être : psychotropes et société (‘The price of well-being: psychotropic drugs and society’), O. Jacob Publications, Paris, 1996

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